

Name
in
Full

CERTIFICATE OF DEATH

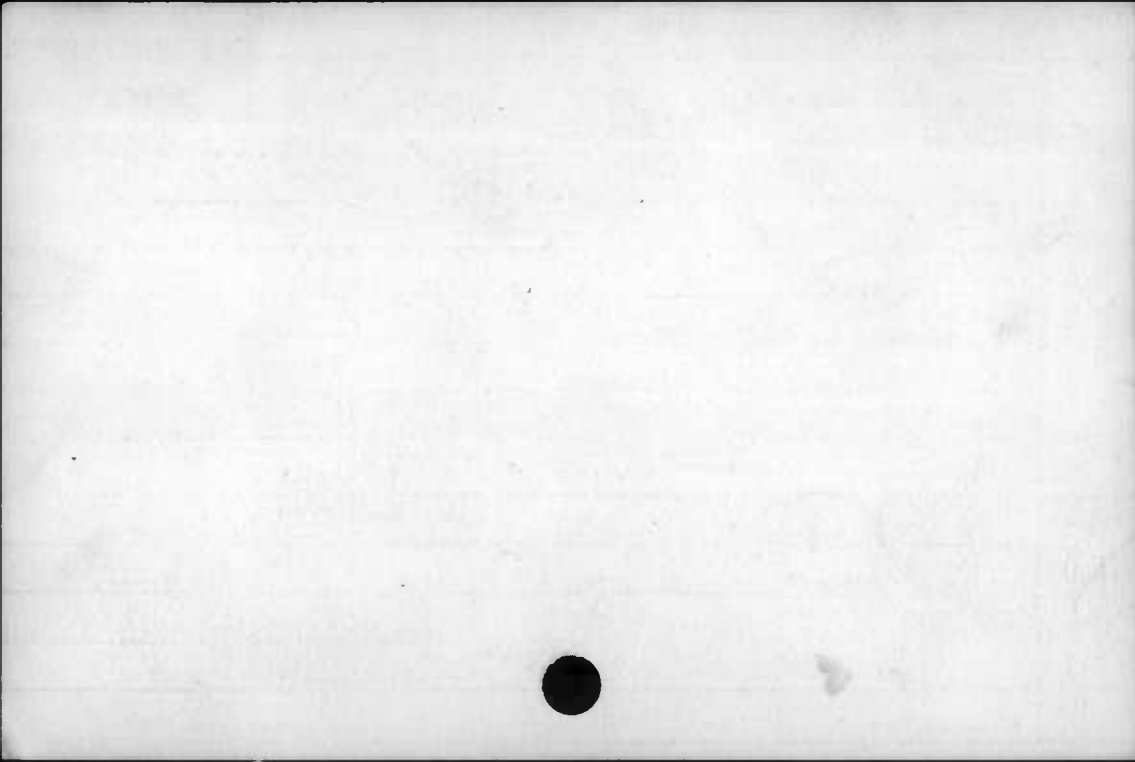
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Farmont Heights Prince Georges</i>		Town <i>Prince Georges</i> County		MARYLAND	
Date of death	190	9	Month	8	Day
Age	5		Years	Months	
Sex	Female		Color or Race	colored	
Occupation	Infant		Birth-place	Maryland	
Where Residing if not at place of death					
Married, Single or Widowed	Single		Name of Wife or Husband		
Father's Name	James F. Armstrong		Father's Birthplace	Alabama	
Mother's Maiden Name	Ada Town		Mother's Birthplace	Alabama	
Name of person giving information	James F. Armstrong		How related to deceased	father	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Cholera</i>	How long	<i>15 hrs.</i>
Immediate	<i>asphyxia</i>	How long	<i>15 min.</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>J. M. Brady</i>
		Address	<i>Kenilworth Rd, C.</i>
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Marianne Eunice Atkinson

Town

County

Died at

Hyattsville

Prince Geo

MARYLAND

Date

1909 Mar.

Month

Day

20

Age

Years

Months

3

Days

13

Sex
Occupation

Female

Color or
Race

White

Birth-
place

D.C.

Where Residing if not
at place of deathMarried, Single
or Widowed

Single

Name of Wife or
HusbandFather's
Name

Edwin D Atkinson

Father's
Birthplace

Ind.

Mother's
Maiden Name

Edna P Frye

Mother's
Birthplace

Ill.

Name of person giving
In formation

Edwin D Atkinson

How related
to deceased

Father

CAUSES OF DEATH

93

Primary

Prenatal occlusion of bowel

How long

Birth

Immediate

Pneumonia

How long

48 hours

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

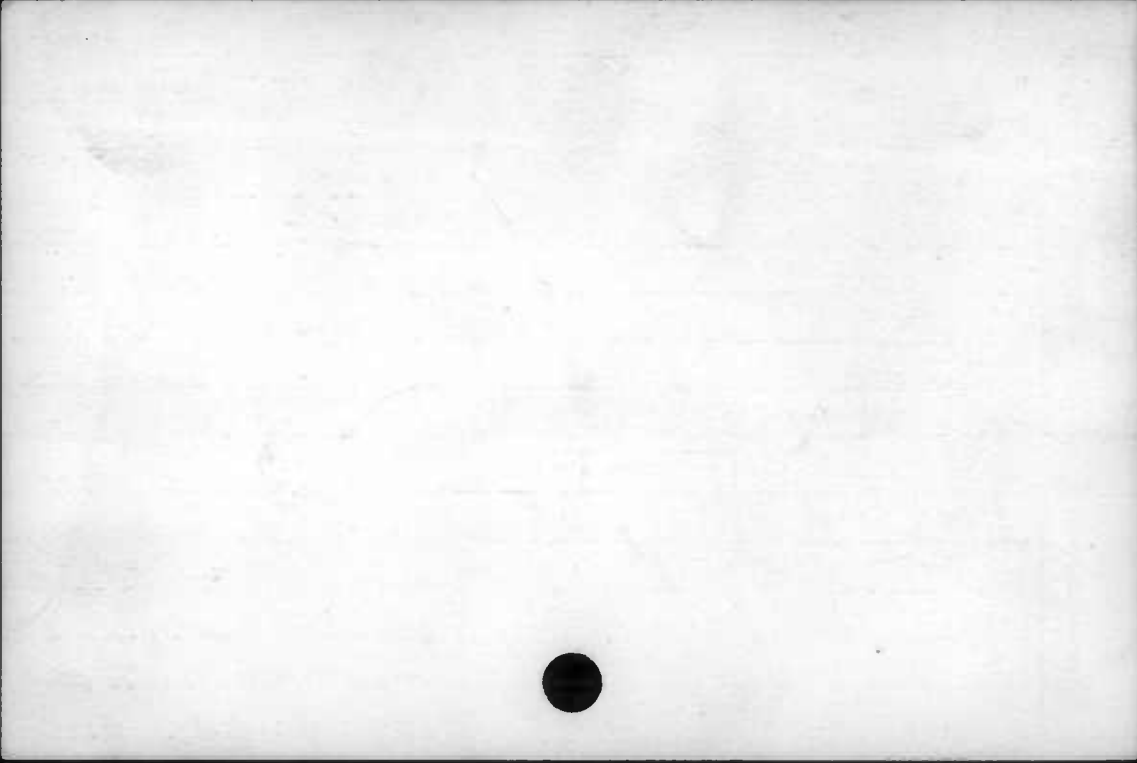
R. Bruce Johnson MD

Address

Hyattsville Ind.

Accident or Suicide?

9367 21st NW Washington DC



Name
in
Full

Emma E. Berkeley.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

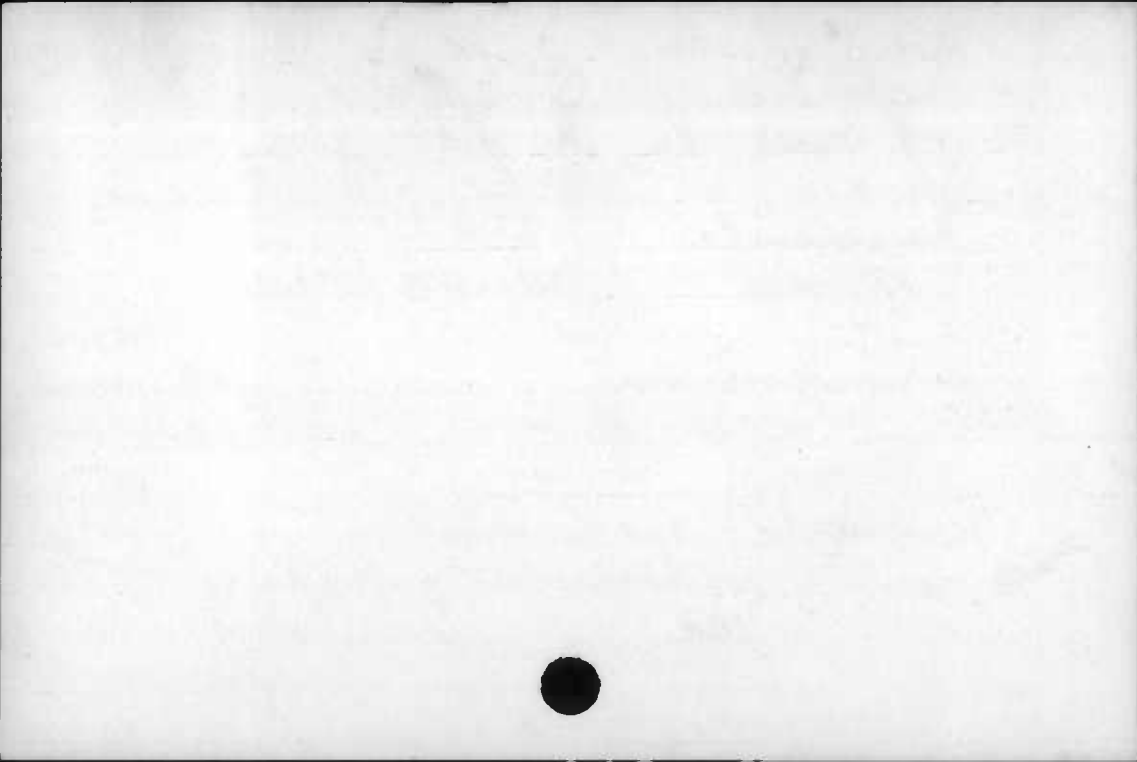
Died at <u>Laurel</u> ^{Town}		<u>Prince George</u> ^{County}		MARYLAND	
Date of death	<u>1909</u>	Month <u>March</u>	Day <u>24</u>	Age <u>49</u> Years	Months <u> </u> Days <u> </u>
Sex <u>Female</u>	Color or Race <u>White</u>		Birth-place <u>Maryland</u>		
Occupation <u>House keeping</u>	Where Residing if not at place of death <u>Washington D.C.</u>				
Married, Single or Widowed <u>Widow</u>	Name of Wife or Husband <u>not known (dead)</u>				
Father's Name <u>not known</u>	Father's Birthplace <u>not known</u>				
Mother's Maiden Name <u>not known</u>	Mother's Birthplace <u>not known</u>				
Name of person giving information <u>Elwood R Berkeley</u>	How related to deceased <u>Son</u>				

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary <u>Chronic Rheumatism</u>	How long <u>2 years</u>
Immediate <u>Organic Valvular Heart Disease</u>	How long <u>2 months</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>Cornelius DeWeese, M.D.</u>
	Address <u>The Laurel Sanitarium</u>
Accident or Suicide? <u>neither</u>	<u>Laurel, Maryland.</u>



Name
in
Full

Mary Blair.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

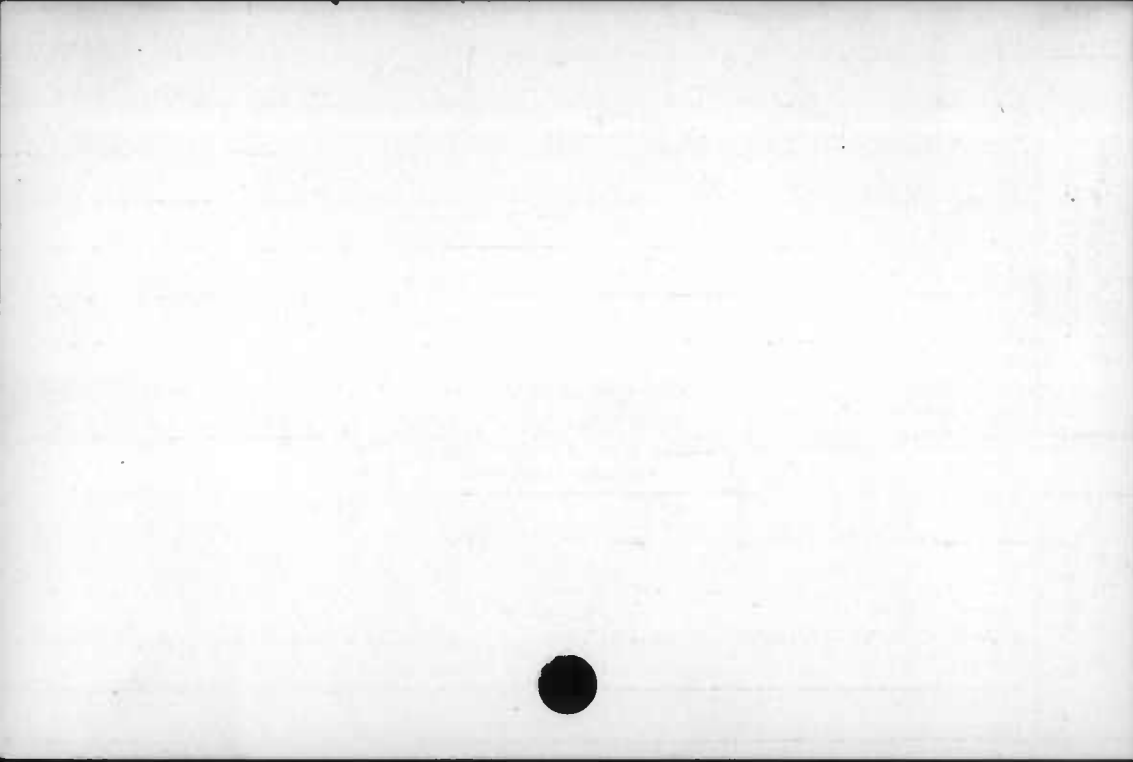
Died at <i>Accokeek</i> ^{Town}		<i>Pr. Geo.</i> ^{County}			
Date of death	<i>1909</i>	Month <i>March</i>	Day <i>16</i>	Age <i>46</i>	Years <i>-</i>
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth-place <i>Pr. Geo. Co. Md.</i>		
Occupation <i>Housewife</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Francis Blair</i>				
Father's Name <i>—</i>	<i>Young</i>		Father's Birthplace <i>Unknown</i>		
Mother's Maiden Name <i>Unknown</i>			Mother's Birthplace <i>Unknown</i>		
Name of person giving information <i>Francis Blair</i>			How related to deceased <i>Husband</i>		

CAUSES OF DEATH

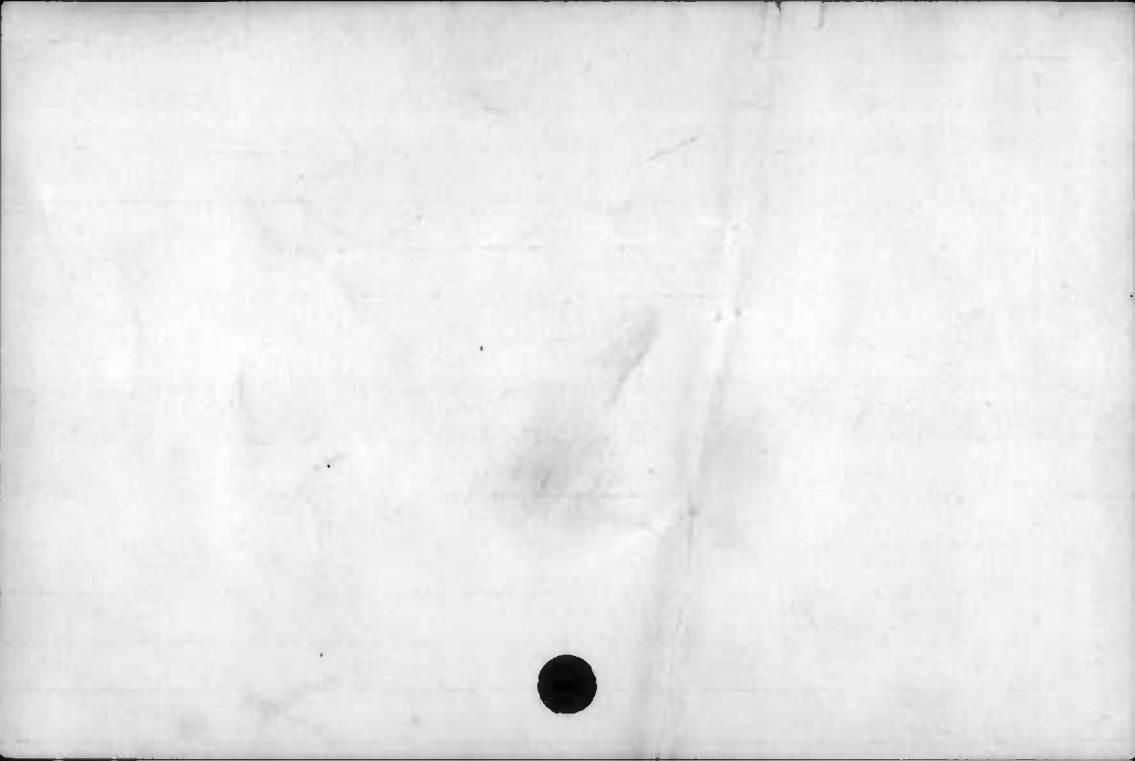
178

PHYSICIAN
OR CORONER

Primary	<i>Unknown - death was</i>	How long	
Immediate	<i>sudden, no physician in attendance</i>	How long	<i>- 10 min</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>E. D. Hurt, M.D.</i>
		Address	<i>Pracataway Ind</i>
Accident or Suicide?			



Name in Full		John Thomas Bly				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town	County	MARYLAND		
		Date of death		Month	Day	Years	Months	Days
		Sex		Color or Race		Birth-place		
		Occupation		Where Residing if not at place of death.				
		Married, Single or Widowed		Name of Wife or Husband				
		Father's Name		Father's Birthplace				
		Mother's Maiden Name		Mother's Birthplace				
Name of person giving information		How related to deceased						
		CAUSES OF DEATH						
PHYSICIAN OR CORONER		Primary		How long				
		Immediate		How long				
		Are the name, age, sex, color, date and place correctly given above?		Signature of Physician				
				Address				
		Accident or Suicide?						



Name
in
Full

Martha Boyd

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

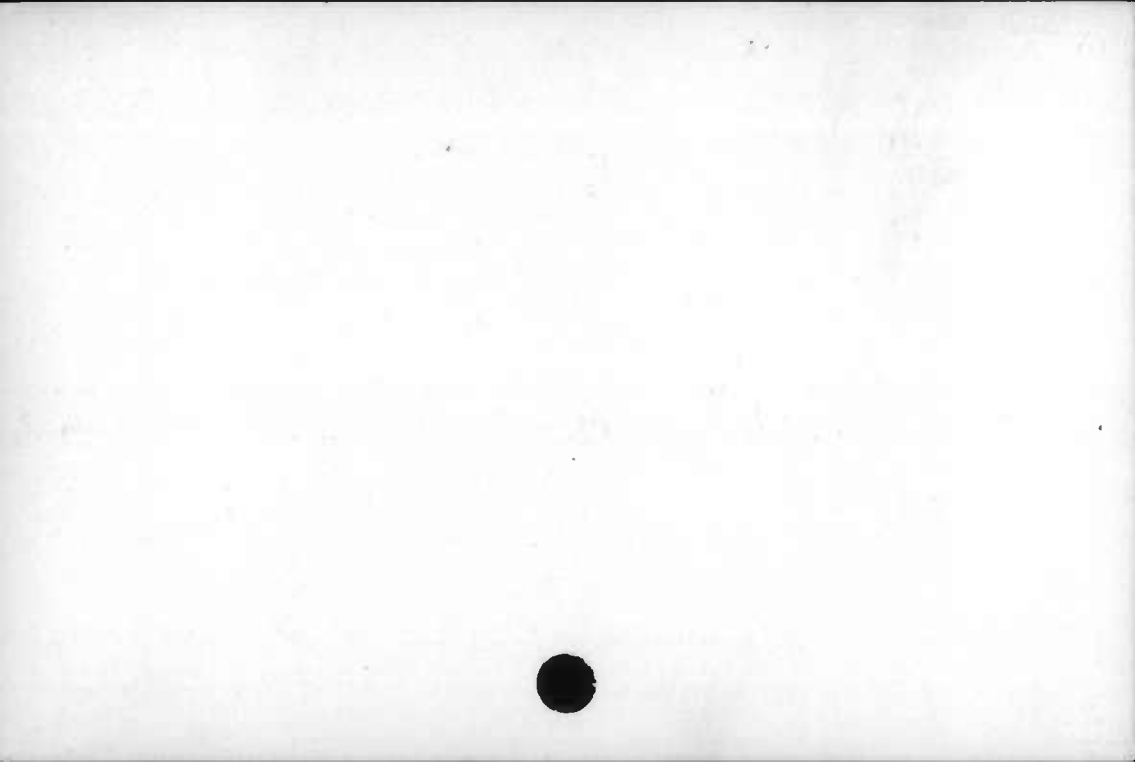
Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1909		3	13	19			
Sex	female	Color or Race	Colored	Birth-place	Md		
Occupation	Housewife			Where Residing if not at place of death			
Married, Single or Widowed	Married		Name of Wife or Husband				
Frank Boyd							
Father's Name	Wm Bevel				Father's Birthplace	Md	
Mother's Maiden Name	Mary Golson				Mother's Birthplace	Md	
Name of person giving information	Walter Burroughs				How related to deceased	None	

CAUSES OF DEATH

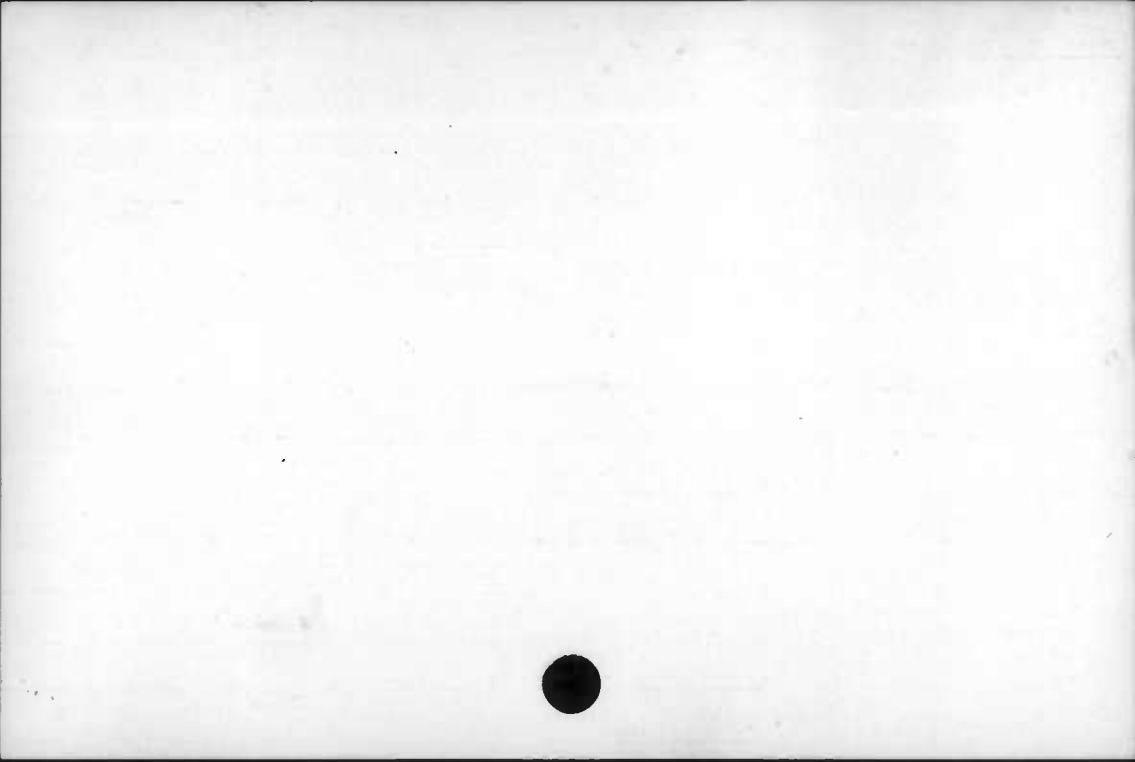
27

PHYSICIAN
OR CORONER

Primary	Pulmonary Tuberculosis		How long	4 months
Immediate	Asthma		How long	3 days
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician	
			John A. Coe	
			Address	
			Z.B.	
Accident or Suicide?				



Name in Full		Eliza A Brooks				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town	County	MARYLAND		
		Date of death		Month	Day	Age	Years	
		Sex		Color or Race	Birth-place		Months	Days
		Occupation		Where Residing if not at place of death				
		Married, Single or Widowed		Name of Wife or Husband				
		Father's Name		Father's Birthplace				
		Mother's Maiden Name		Mother's Birthplace				
Name of person giving information		John R Brooks		How related to deceased		Husband		
				CAUSES OF DEATH		(27)		
PHYSICIAN OR CORONER		Primary		Tuberculosis		How long		
		Immediate		Asthma		How long		
		Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		Ed. H. Gibbons		
				Address		Croom Md		
		Accident or Suicide?						



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Infant-Butter

Died at ^{Town} Westphalia ^{County} Prince George MARYLAND

Date of death 1909 ^{Month} 13 ^{Day} 16 ^{Age} ^{Years} - ^{Months} ^{Days} 8

Sex Female Color or Race Black Birth-place Md

Occupation none Where Reiding if not at place of death

Married, Single or Widowed Single Name of Wife or Husband —

Father's Name Thomas Butler Father's Birthplace Md

Mother's Maiden Name Effie Adams Mother's Birthplace Md

Name of person giving Information Thomas Butler How related to deceased Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Congenital Weakness How long 151

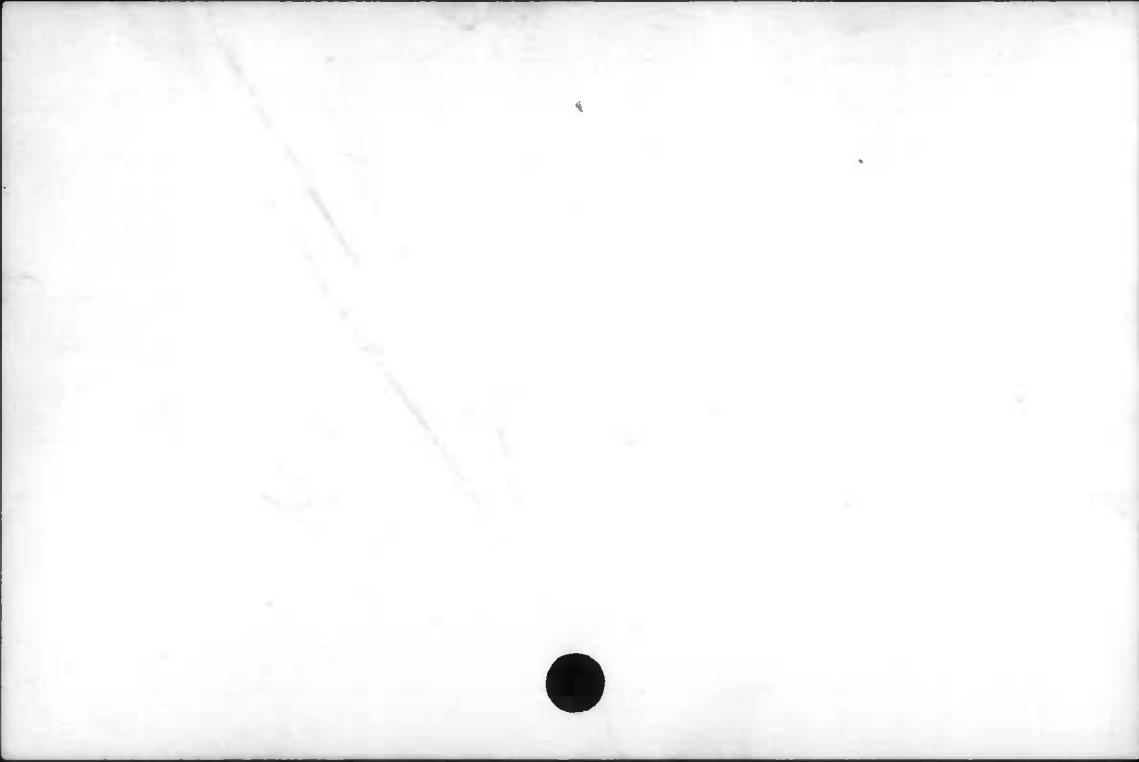
Immediate Convulsions How long 8 days

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician J. E. Sandberg O.C.

Address Forestville Md

Accident or Suicide neither



Name
in
FullTO BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

MARYLAND

Name *Thomas R. Castle* Town *Cumtux* County *P. Riv*

Died at *Cumtux*

Date of death *1909* Month *Mar* Day *25th* Age *39* Years Months Days

Sex *Male* Color or Race *Black* Birth-place *Virginia*

Occupation *Farmer* Where Residing if not at place of death *Cumtux*

Married, Single or Widowed *Yes* Name of Wife or Husband *Francis Castle*

Father's Name *Eugene Castle* Father's Birthplace *Ma*

Mother's Maiden Name *Unknown* Mother's Birthplace *A*

Name of person giving information *Francis Castle* How related to deceased *Wife*

CAUSES OF DEATH

30

PHYSICIAN
OR CORONER

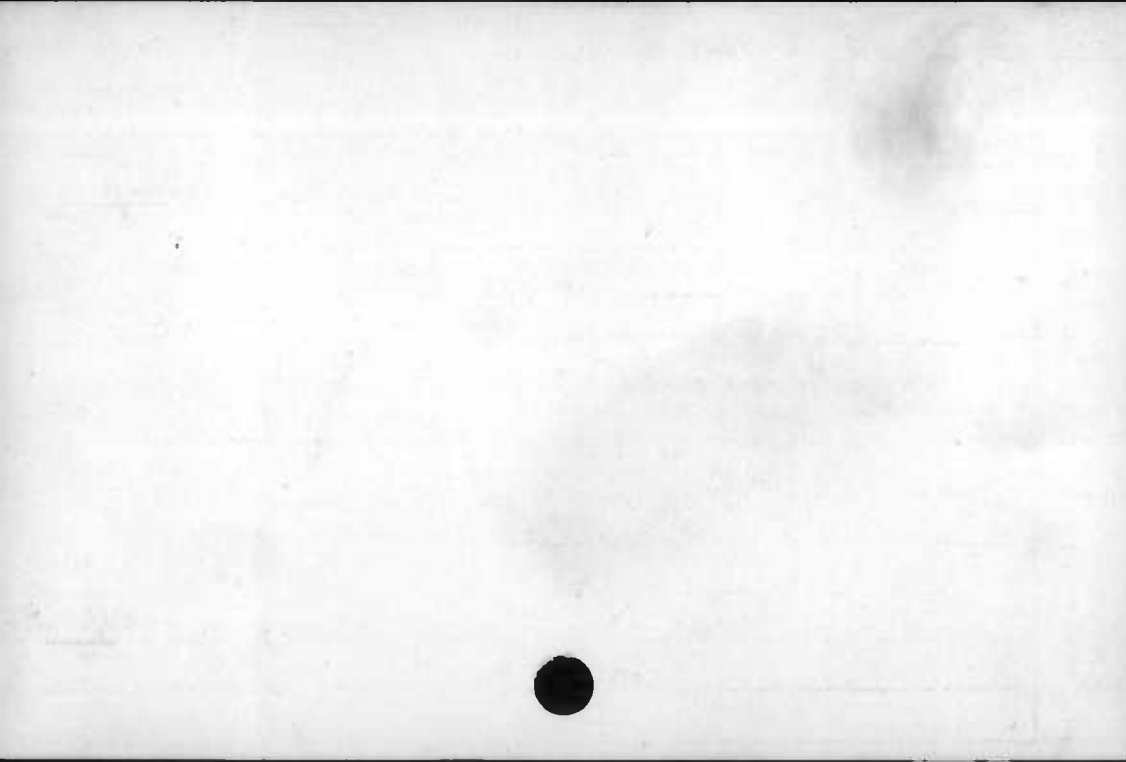
Primary *Chronic Tubercular Necrosis of Valvula* How long *about 2 years*

Immediate *Exhaustion* How long

Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *D. R. Storey*

Address *Sausalito*

Accident or Suicide? *No* *Mo*



Name
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Full

CERTIFICATE OF DEATH

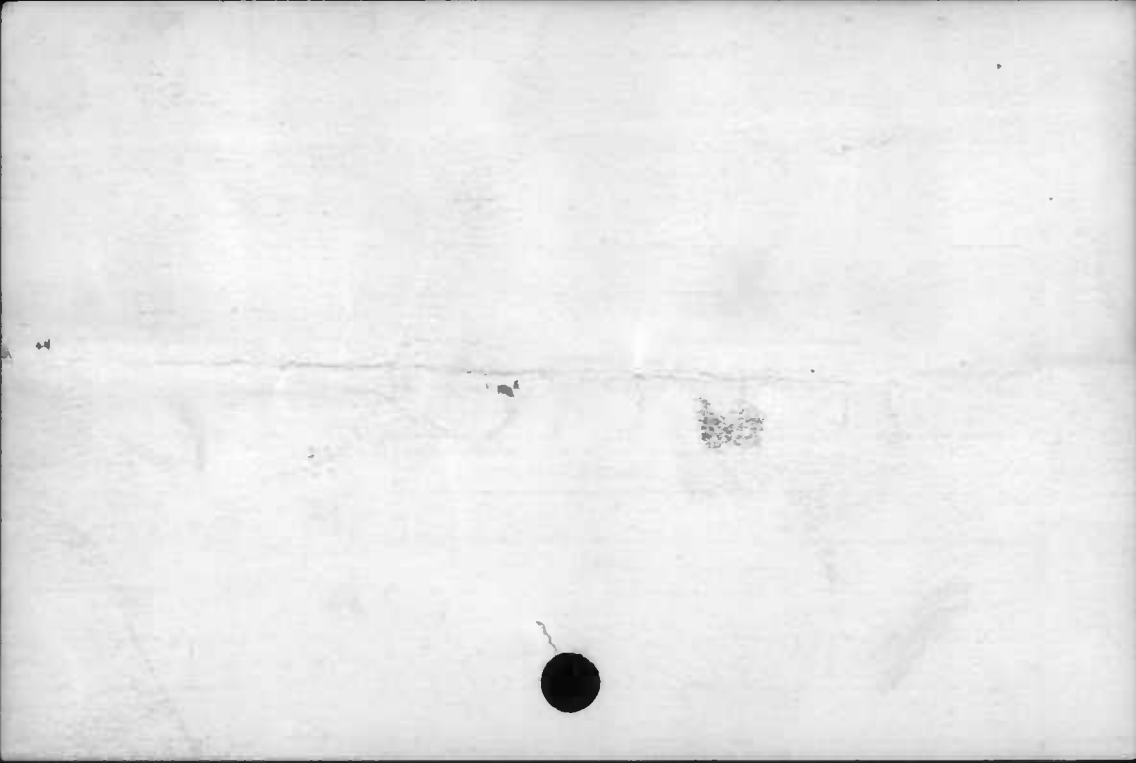
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full Lizzie B. Cone		Town Hyattsville		County Pr. Geo		MARYLAND	
Died at Hyattsville		Month 3		Day 23		Years 41	
Date of death 1909		Months -		Days -			
Sex Female		Color or Race white		Birth-place Ohio			
Occupation Housewife		Where Residing if not at place of death <input checked="" type="checkbox"/>					
Married, Single or Widowed Married		Name of Wife or Husband Gloss & Rose Cone					
Father's Name James Brown		Father's Birthplace Ohio					
Mother's Maiden Name Mamie Hockford		Mother's Birthplace Ohio					
Name of person giving information Husband		How related to deceased 112					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Hypertrophic Bulbar Chorea		How long 1 yr	
Immediate General edema		How long 6 weeks	
Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician Thos E. Johnson M.D.	
		Address Hyattsville	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

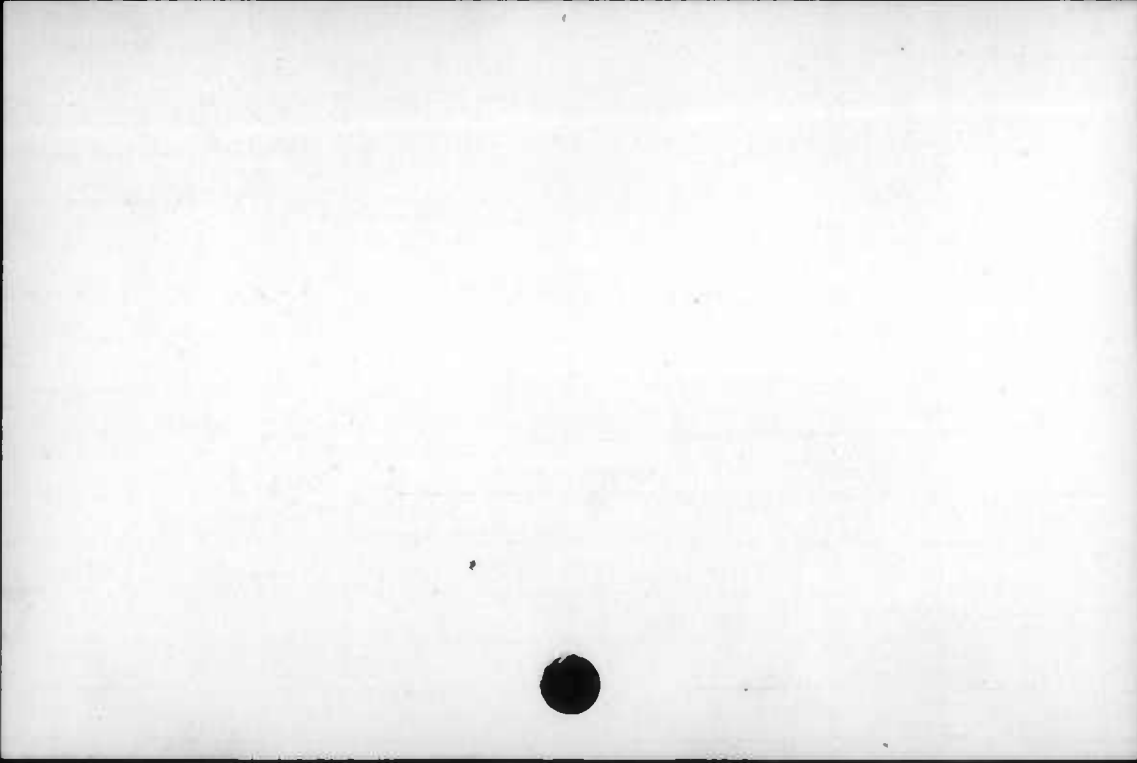
Name in Full <i>George L. Davidson</i>				Town <i>Tanner</i>		County <i>Price Co</i>		MARYLAND	
Died at <i>Tanner</i>		Month <i>March</i>		Day <i>13</i>		Years <i>26</i>		Months <i></i>	
Date of death <i>1909</i>		Month <i>March</i>		Day <i>13</i>		Age <i>26</i>		Days <i></i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Ma</i>					
Occupation <i>Printer</i>				Where Residing if not at place of death <i>Tanner</i>					
Married, Single or Widowed <i>Yes</i>		Name of Wife or Husband <i>W</i>							
Father's Name <i>Richard Davidson</i>				Father's Birthplace <i>Ind</i>					
Mother's Maiden Name <i>Orucilla Ward</i>				Mother's Birthplace <i>Ma</i>					
Name of person giving information <i>Mr Taylor</i>				How related to deceased <i>Brother</i>					

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary <i>Acute Pneumomary Tuberculosis</i>		How long <i>about 2 months</i>	
Immediate <i>Heart failure</i>		How long <i>immediate</i>	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Dr R. C. Hooling</i>	
		Address <i>Tanner</i>	
Accident or Suicide?		<i>No</i>	



Name
in
Full

Annie A. Day

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Takoma Park ^{Town} Prince George ^{County} **MARYLAND**

Date of death 1909 ^{Month} March ^{Day} 13 Age 65 ^{Years} X ^{Months} X ^{Days}

Sex Female Color or Race White Birth-place Maryland

Occupation Housekeeper Where Residing if not at place of death X

~~Married~~ Single ~~or~~ Widow Name of ~~Wife~~ Husband Thomas Day

Father's Name Orrie White Father's Birthplace Md.

Mother's Maiden Name X Wheat Mother's Birthplace Md.

Name of person giving Information Thomas A. Day How related to deceased Son

CAUSES OF DEATH

93

PHYSICIAN
OR CORNER

Primary Pneumonia How long 1 week

Immediate Exhaustion How long 2 days

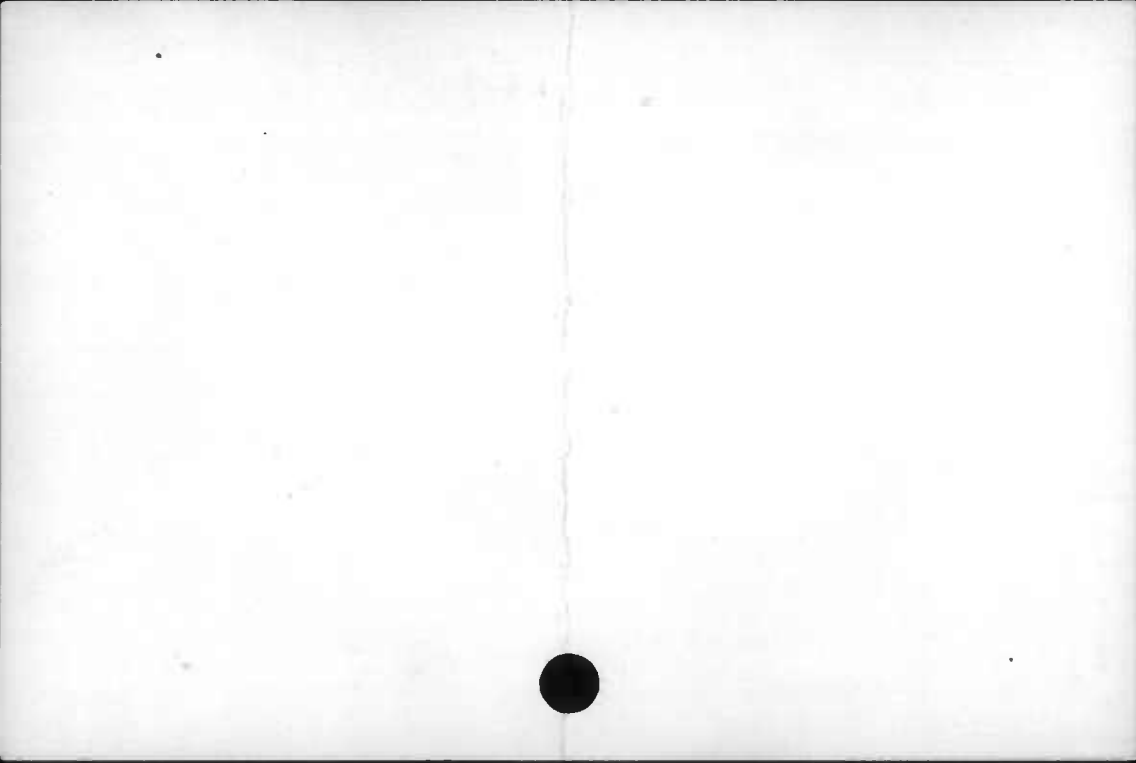
Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician Alfred J. Parsons

Address Takoma Park

McMearo

Accident or Suicide Registrar



Name
in
Full

CERTIFICATE OF DEATH

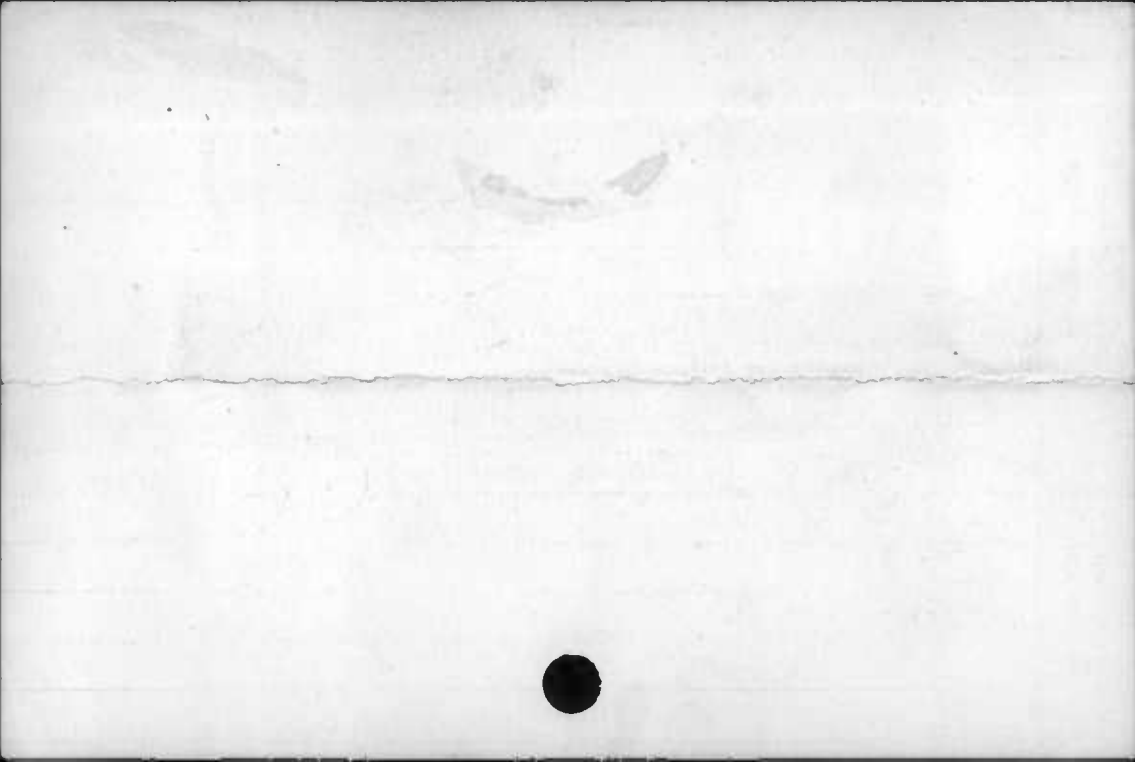
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Pleasant Grove</i> Town <i>P. H.</i> County		MARYLAND	
Date of death <i>1909</i>	Month <i>March</i>	Day <i>3</i>	Age <i>46</i>
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>P. H. Co. Ind.</i>	Months <i>—</i> Days <i>—</i>
Occupation <i>Housewife</i>	Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Samuel R. Dungan</i>		
Father's Name <i>Wood</i>	Father's Birthplace <i>P. H. Co. Ind.</i>		
Mother's Maiden Name <i>Bryth Eyles</i>	Mother's Birthplace <i>P. H. Co. Ind.</i>		
Name of person giving information <i>Samuel R. Dungan</i>	How related to deceased <i>Husband</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Phthisis Pulmonalis</i>	How long <i>Several years</i>
Immediate <i>Aspiration</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Wm. M. Dugan M.D.</i>
	Address <i>Springfield Ind.</i>
Accident or Suicide? <i>No</i>	



Name
in
Full

Andrew H. Erwin

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

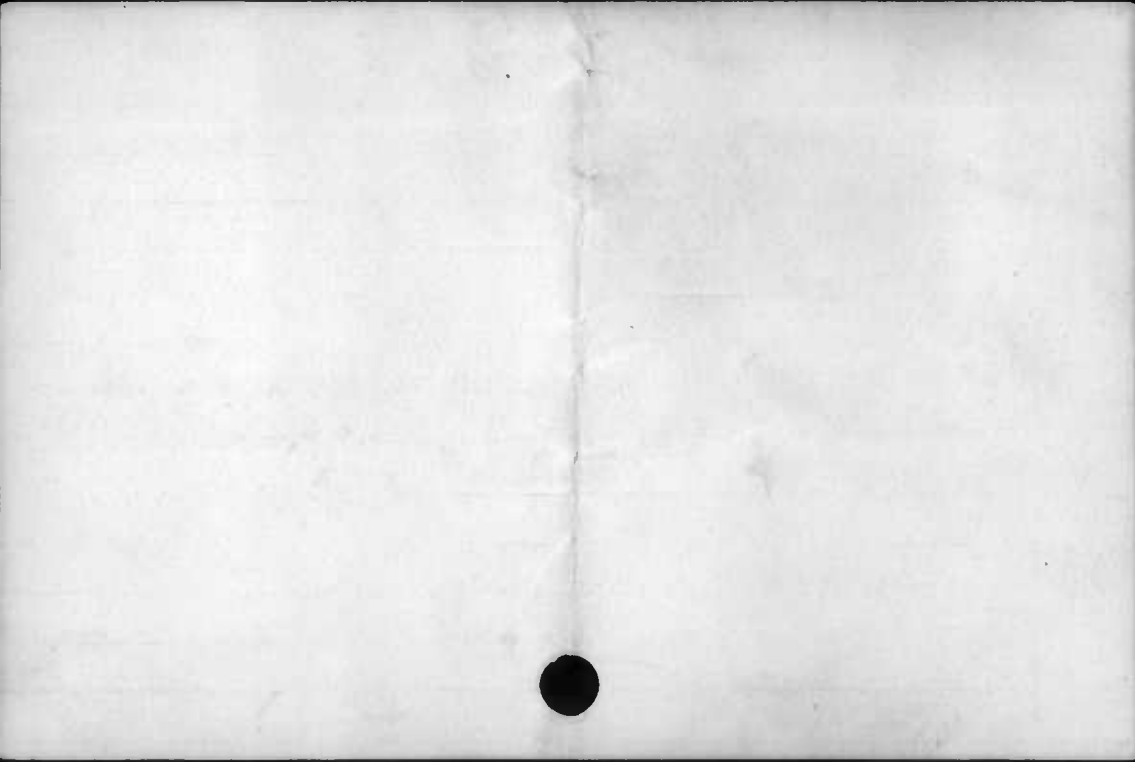
Died at <i>Hyattsville</i> <small>Town</small>		<i>Prince George</i> <small>County</small>		MARYLAND	
Date of death	<i>1909</i>	Month <i>March</i>	Day <i>7th</i>	Years <i>—</i>	Months <i>5</i>
Sex <i>male</i>	Color or Race <i>colored</i>		Birth-place <i>m. d.</i>		
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>—</i>			Name of Wife or Husband <i>—</i>		
Father's Name <i>George H. Erwin</i>			Father's Birthplace <i>m. d.</i>		
Mother's Maiden Name <i>Annie Eubbs</i>			Mother's Birthplace <i>m. d.</i>		
Name of person giving information <i>Annie Erwin</i>			How related to deceased <i>mother</i>		

CAUSES OF DEATH

8

PHYSICIAN
OR CORONER

Primary <i>Whooping cough</i>	How long <i>2 weeks</i>
Immediate <i>Pneumonia</i>	How long <i>5 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>H. E. Willis</i>
	Address <i>Hyattsville</i>
Accident or Suicide? <i>no</i>	<i>no</i>



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Elizabeth J. Evans</i>		Town <i>Cedarville</i>		County <i>Prosser</i>		MARYLAND	
Died at <i>Cedarville</i>		Month <i>3</i>		Day <i>28</i>		Years <i>Age about 89</i>	
Date of death <i>1909</i>		Month <i>3</i>		Day <i>28</i>		Years <i>Age about 89</i>	
Sex <i>female</i>		Color or Race <i>White</i>		Birth-place <i>England</i>			
Occupation <i>Housewife</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Geo. W. Evans</i>					
Father's Name <i>James E. Wignall</i>		Father's Birthplace <i>England</i>					
Mother's Maiden Name <i>Mary Fox</i>		Mother's Birthplace <i>England</i>					
Name of person giving Information <i>J. H. Butler</i>		How related to deceased <i>Brother in law</i>					

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary <i>Pulmonary Tuberculosis</i>	How long <i>4 years</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>John A. Cor</i>
	Address <i>Z.B. Md</i>
Accident or Suicide	



Name
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Full

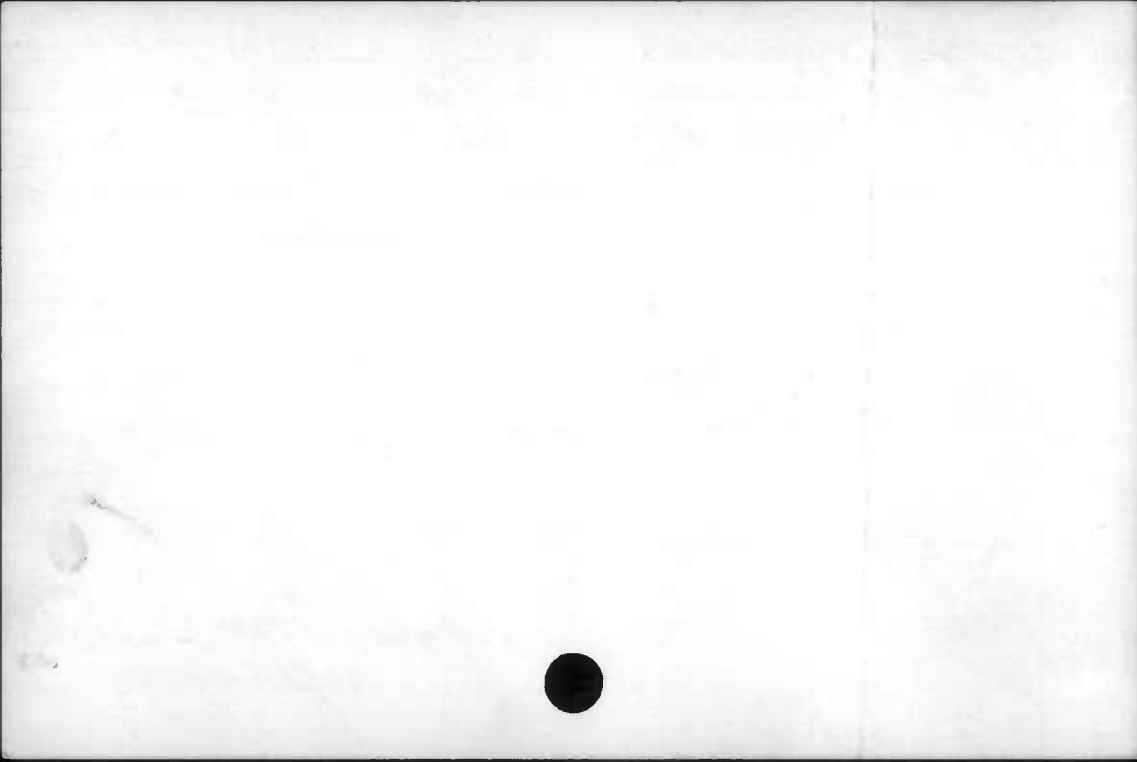
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1909		March	29 th	9 yr			
Sex	Female		Color or Race	White		Birth-place	Md.
Occupation	None		Where Residing if not at place of death		—		
Married, Single or Widowed	Single		Name of Wife or Husband				
Father's Name	Edw. W. Goodrick.					Father's Birthplace	Wash. D.C.
Mother's Maiden Name	Mary E. Flowers.					Mother's Birthplace	Md.
Name of person giving Information	John T. Flowers					How related to deceased	Uncle.
CAUSES OF DEATH							

PHYSICIAN
OR CORONER

Primary	Measles.	How long	4 days
Immediate	Complications.	How long	
Are the name, age, sex, color, date and place correctly given above	yes.	Signature of Physician	John C. Lansbury
		Address	Forestville Md.
Accident or Suicide	Neither		



Name
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CERTIFICATE OF DEATH

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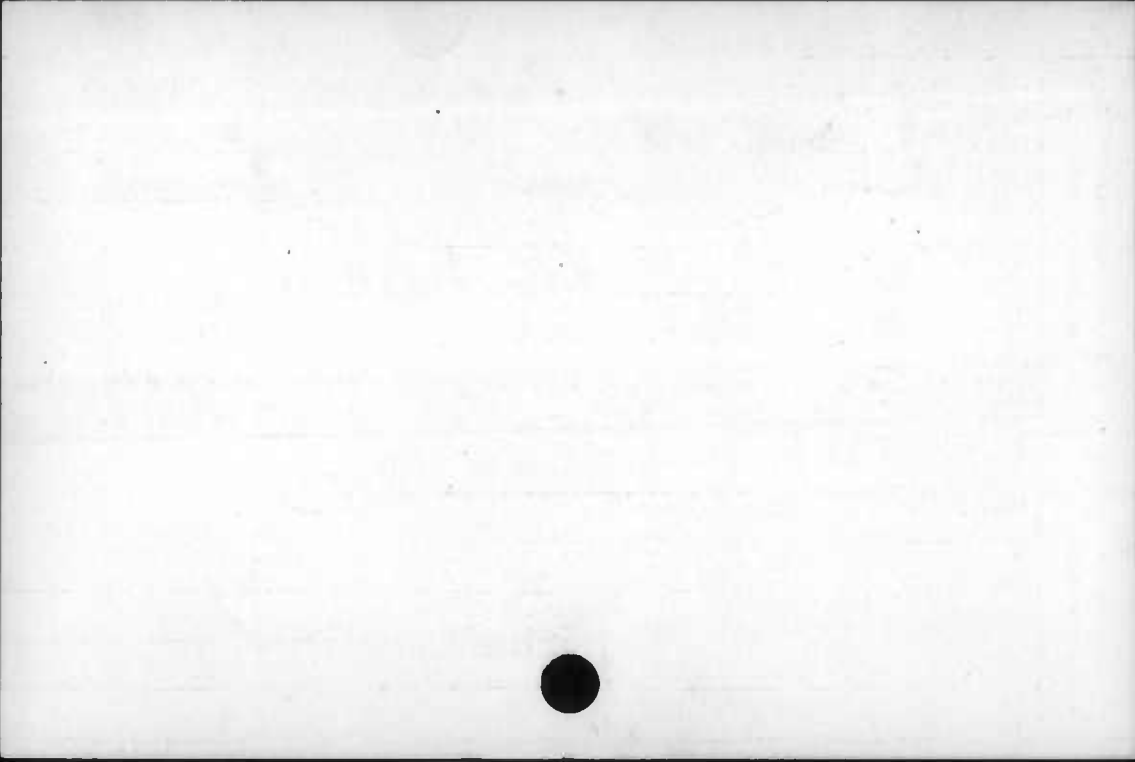
Name in Full <i>Mary T. Greene.</i>		Town <i>Piscataway</i>		County <i>Rt Geo.</i>		MARYLAND	
Died <i>super</i>		Date of death <i>1909</i>		Month <i>March</i>		Day <i>27</i>	
Age <i>32</i>		Years <i>32</i>		Months <i>-</i>		Days <i>-</i>	
Sex <i>Female</i>		Color or Race <i>White.</i>		Birth-place <i>Alexandria, Va.</i>			
Occupation <i>Book-keeper.</i>		Where Residing if not at place of death <i>Residence Alex. Va.</i>					
Married, Single or Widowed <i>Single.</i>		Name of Wife or Husband <i>_____</i>					
Father's Name <i>John S. Greene.</i>		Father's Birthplace <i>Unknown.</i>					
Mother's Maiden Name <i>Mary Roach.</i>		Mother's Birthplace <i>Arlington, Va.</i>					
Name of person giving information <i>Walter Simon.</i>		How related to deceased <i>Cousin.</i>					

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary <i>Pulmonary Tuberculosis.</i>	How long <i>About one year.</i>
Immediate <i>"</i>	How long <i>"</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>	Signature of Physician <i>E. S. Hunt, M.D.</i>
	Address <i>Piscataway Ind.</i>
Accident or Suicide?	



Name
in
Full

Anna Gretzschel

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at Hyattsville

County Prince George

Date of death 1909

Month mch

Day 14

Age 56

Months 6

Days -

Sex Female

Color or Race

white

Birth-place

Germany

Occupation

Housekeeper

Where Residing if not at place of death

Married, Single or Widowed

Widowed

Name of Wife or Husband

Robt. Gretzschel

Father's Name

Louis Leibschel

Father's Birthplace

Germany

Mother's Maiden Name

Unknown

Mother's Birthplace

Germany

Name of person giving information

Susie Schrade

How related to deceased

daughter

CAUSES OF DEATH

42

Primary

Cancer of uterus

How long

6 months

Immediate

" " "

How long

" "

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

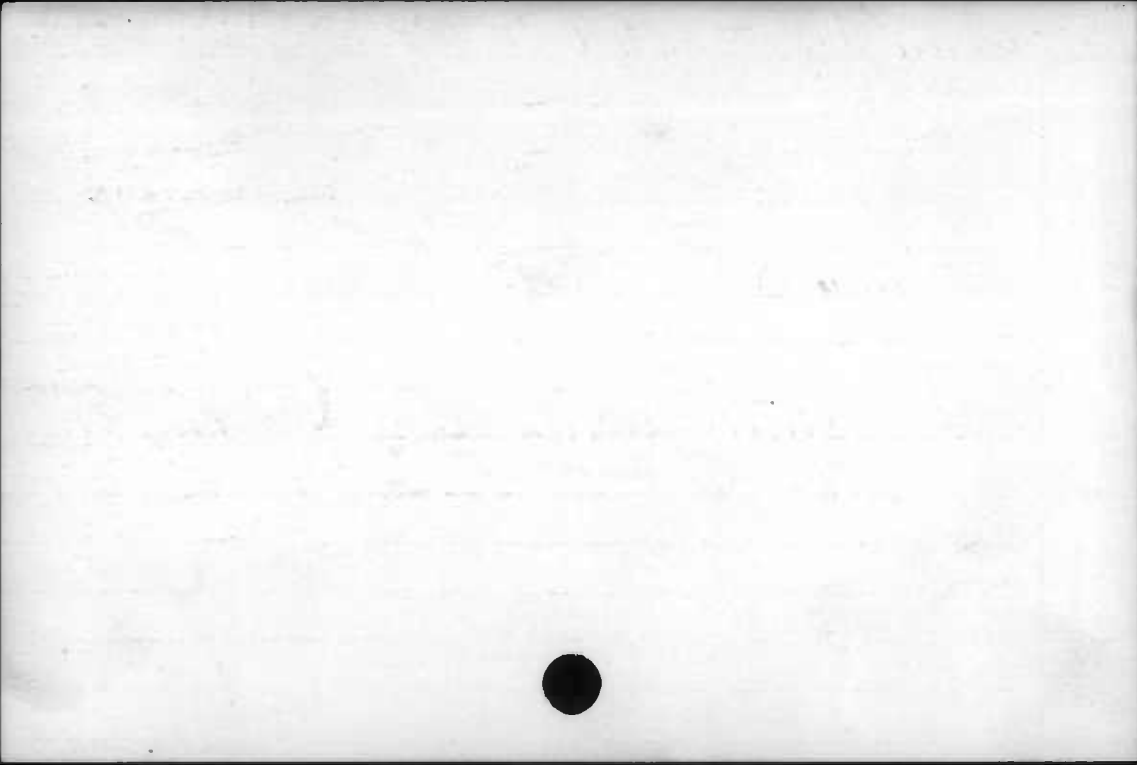
H. T. Willis

Address

Hyattsville

Accident or Suicide?

No



Name
in
Full

Bertha Hager

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

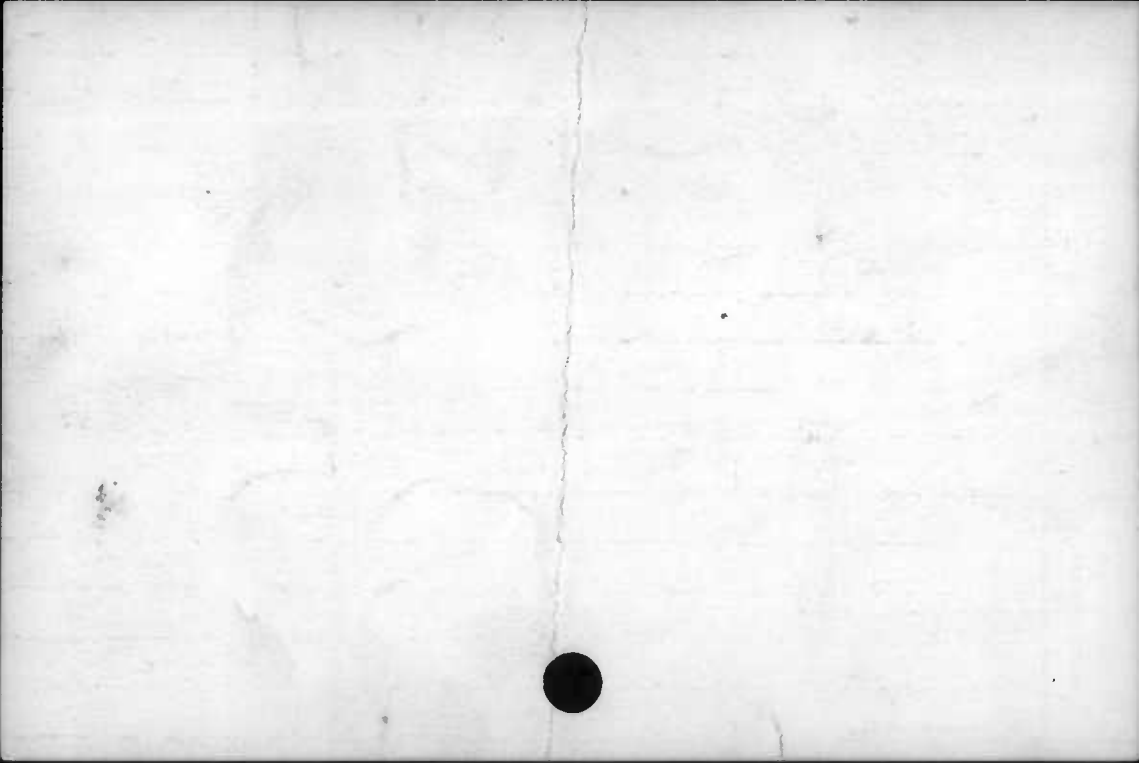
Died at <i>Lakeland</i>		Town <i>P. George</i>		County		MARYLAND	
Date of death	1909	Month	Feb	Day	30	Age	3
Sex <i>Female</i>		Color or Race <i>white</i>		Birth-place <i>Maryland</i>		Months <i>—</i>	
Occupation <i>—</i>		Where Residing if not at place of death <i>—</i>		Days <i>18</i>			
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>Daniel W. Hager</i>		Father's Birthplace <i>Ind</i>					
Mother's Maiden Name <i>Mollie L. Bladen</i>		Mother's Birthplace <i>Ind</i>					
Name of person giving information <i>D. W. Hager</i>		How related to deceased <i>Father</i>					

CAUSES OF DEATH

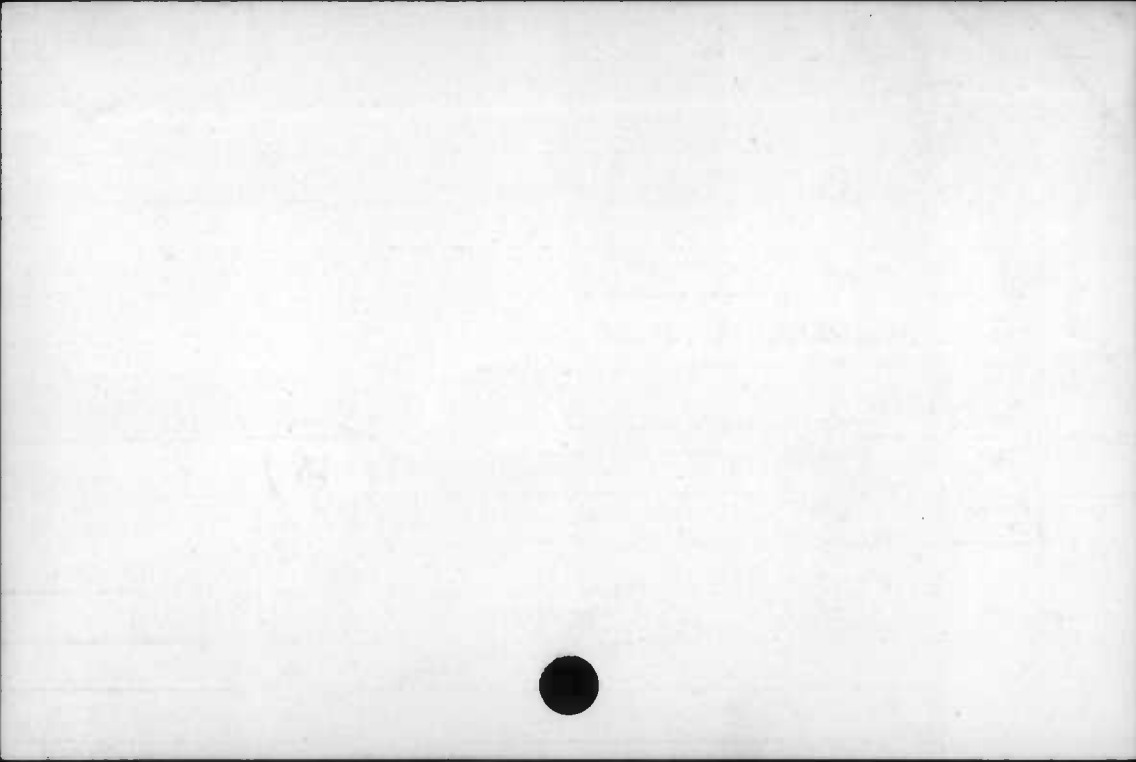
167

PHYSICIAN
OR CORONER

Primary	<i>Burns, clothing catching on fire when playing with</i>	How long	
Immediate	<i>Shock</i>	How long	<i>Matches</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>A. H. Hager</i>	
		Address <i>Berwyn Ind</i>	
Accident? <i>Accident</i>			



Name in Full <i>No name</i>		County <i>Hager</i>		CERTIFICATE OF DEATH	
Died at <i>Rosaryville</i>		Town <i>Rosaryville</i>		MARYLAND	
Date of death <i>1909</i>		Month <i>mch</i>		Day <i>16</i>	
Sex <i>Female</i>		Color or Race <i>Colored</i>		Age <i>1</i>	
Occupation <i>None</i>		Birthplace <i>Rosaryville Md</i>		Where Residing if not at place of death	
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>None</i>		Father's Birthplace <i>Unknown</i>	
Father's Name <i>Elizabeth Hager</i>		Mother's Maiden Name <i>Mary E Jackson</i>		Mother's Birthplace <i>Md</i>	
Name of person giving information <i>Lewis Jackson</i>		How related to deceased <i>Grandfather</i>		179	
CAUSES OF DEATH					
Primary <i>Infant dont know</i>		How long <i>dont know</i>		Immediate <i>Don't know</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>W H Gibson</i>		Address <i>Croom Md</i>	
Accident or Suicide?					



Name
in
Full

CERTIFICATE OF DEATH

James A Hall

Town

Died at near Laurel

County

Prince Geo.

MARYLAND

Date

of death 1909

Month

3

Day

13

Age

Years

Months

5

Days

Sex

male

Color or
Race

black

Birth-
place

md

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name

Chas Hall

Father's
Birthplace

md

Mother's
Maiden Name

Maggie Anderson

Mother's
Birthplace

N.C.

Name of person giving
In formation

Chas Hall

How related
to deceased

Father

CAUSES OF DEATH

Primary

Pertussis

How long

1 week

Immediate

Clampsis

How long

2 days

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

W F Taylor

Address

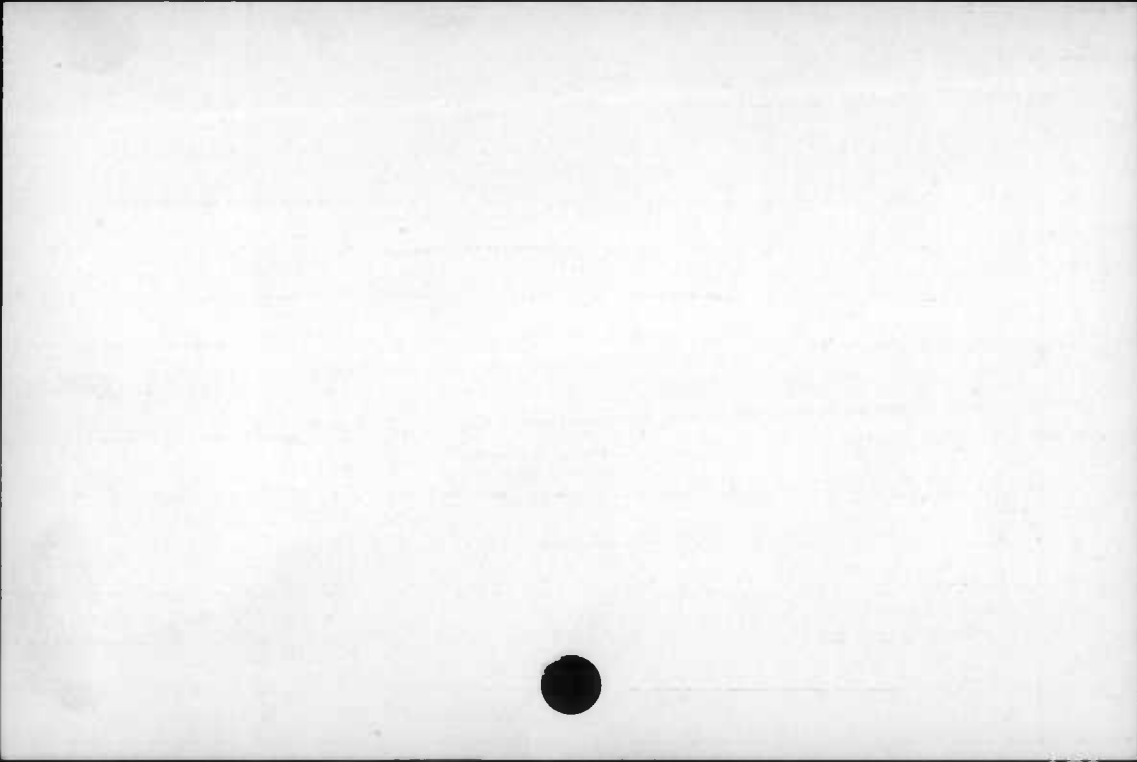
Laurel Md

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name in Full None Hall		Town Duly		County Oran		CERTIFICATE OF DEATH	
Died at		Month July		Day 8		Years 1909	
Date of death		Month July		Day 8		Age 0	
Sex Female		Color or Race White		Birth-place Ind		MAYLAND	
Occupation None		Where Residing if not at place of death					
Married, Single or Widowed Single		Name of Wife or Husband None					
Father's Name Jimmie Hall		Father's Birthplace Ind					
Mother's Maiden Name Sarah H. Loveless		Mother's Birthplace Ind					
Name of person giving information Sarah H. Loveless		How related to deceased Mother					
				CAUSES OF DEATH			
Primary Still borne		How long 8					
Immediate		How long					
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician W. H. Abbots		Address Crown Ind			
Accident or Suicide?							



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Eveline Harrison

Died at ^{Town} Westphalia ^{County} Prince George MARYLANDDate of death 1909 ^{Month} 3 ^{Day} 1 ^{Age} ^{Years} ^{Months} 8 ^{Days} —

Sex Female Color or Race Black Birthplace Md

Occupation none Where Residing if not at place of death —

Married, Single or Widowed Single Name of Wife or Husband —

Father's Name Jacob Harrison Father's Birthplace Md.

Mother's Maiden Name Fannie Brooks Mother's Birthplace Md.

Name of person giving Information Jacob Harrison How related to deceased Father.

CAUSES OF DEATH

9

Primary Bronchitis & croup How long 3 days

Immediate no phys. in attendance How long —

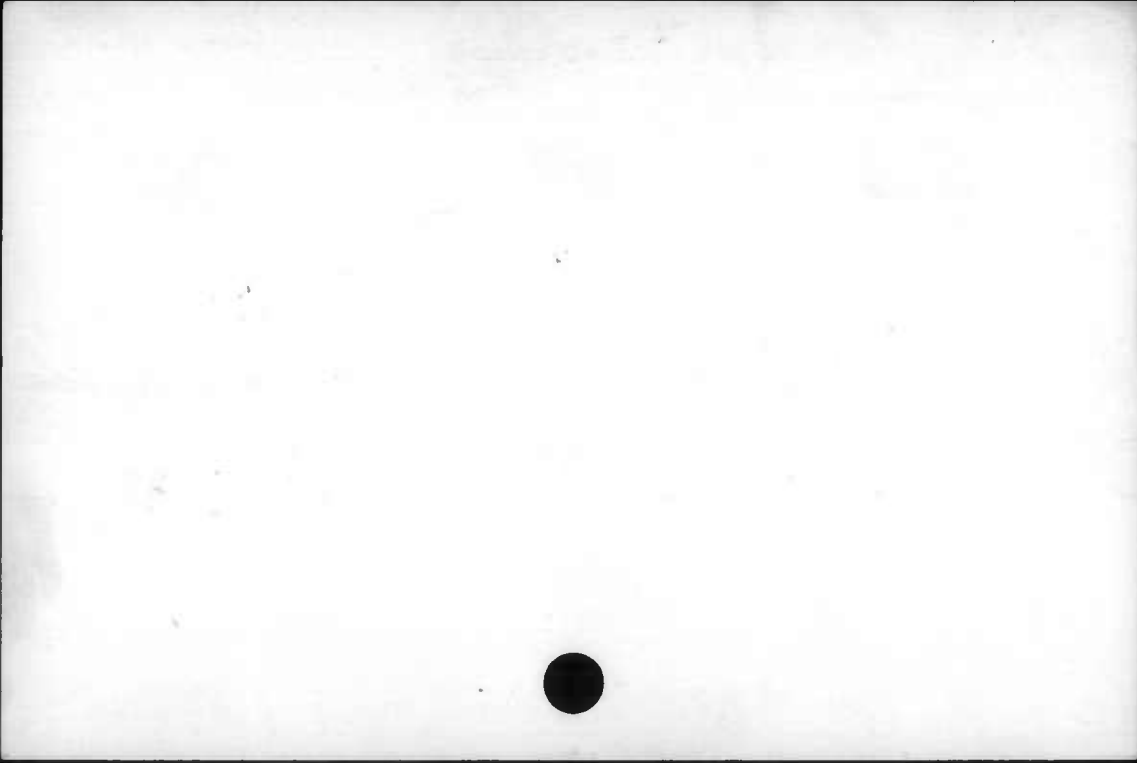
Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician John E. Davis M.D.

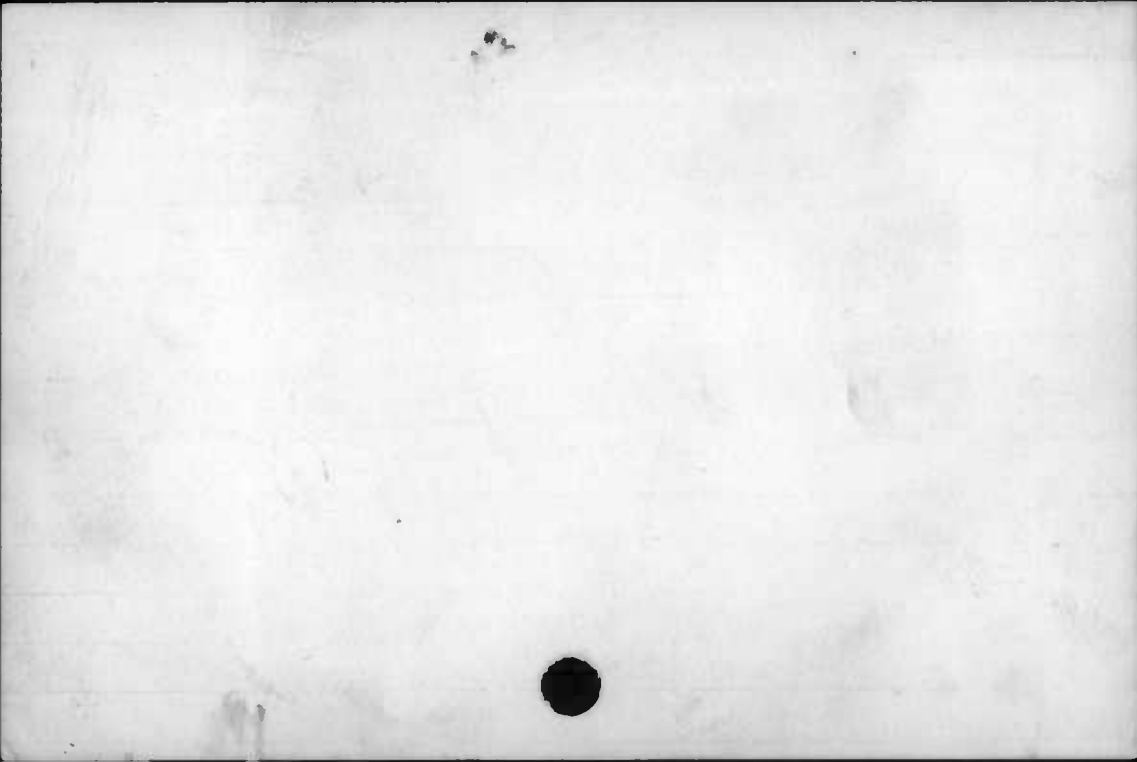
Address Forestville Md

Accident or Suicide neither.

PHYSICIAN
OR CORONER



Name in Full		Gasway, Hawkins				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Brentwood Md		Prince George		MARYLAND	
	Date of death	1909	Month 3-31-09	Day March	Years 92	Months	Days
	Sex	Male		Color or Race	Yr	Birth-place	Md
	Occupation	Farming		Where Residing if not at place of death			
	Married, Single or Widowed	Married		Name of Wife or Husband Nancy Hawkins			
	Father's Name	Archib H. Hawkins			Father's Birthplace A.C. Co. Md.		
	Mother's Maiden Name	Polly H. Hawkins			Mother's Birthplace A.C. Co. Md.		
Name of person giving information	Granville Gaither			How related to deceased Nephew			
				CAUSES OF DEATH		10	
PHYSICIAN OR CORONER	Primary	Old age			How long		
	Immediate	Grip			How long 2 weeks		
	Are the name, age, sex, color, date and place correctly given above?			Yr			
				Signature of Physician H. G. Willis			
				Address Hyattsville Md			
Accident or Suicide?							



Name
In
Full

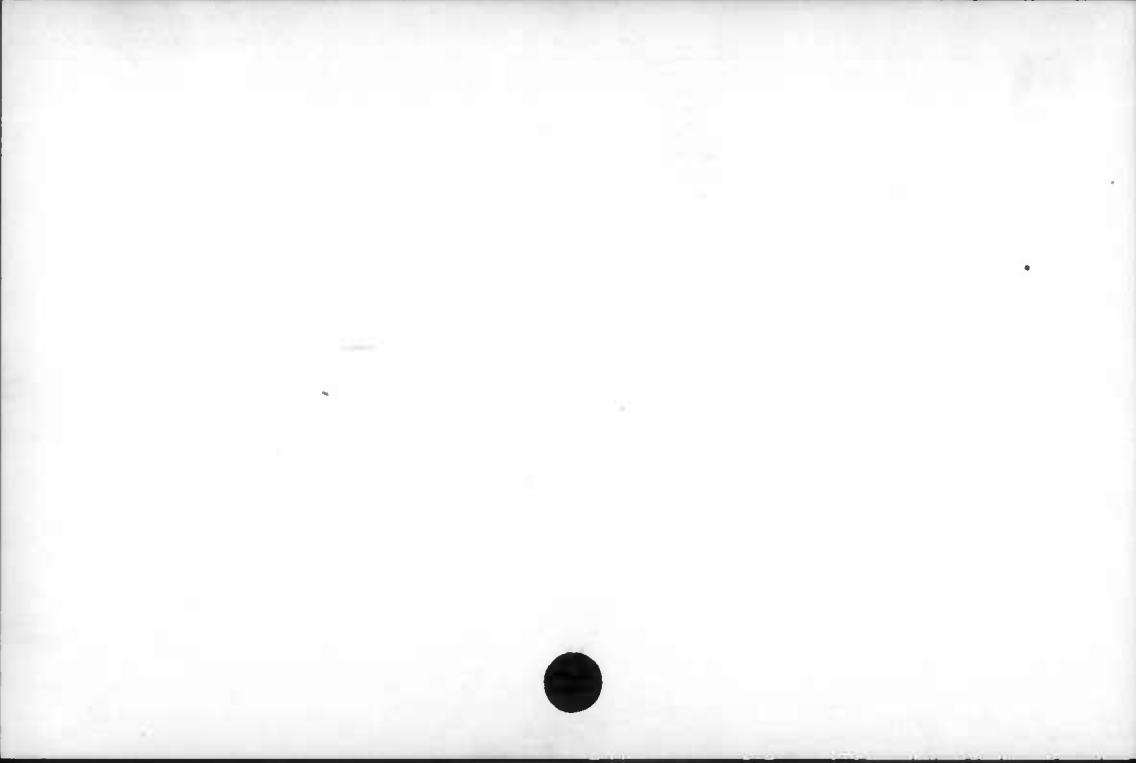
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name In Full <i>Adrienne Columbia Hobson</i>		Town <i>Broad Creek</i>		County <i>Pr. Geo.</i>		State <i>MARYLAND</i>	
Died at <i>Broad Creek</i>		Month <i>3</i>		Day <i>4</i>		Years <i>70</i>	
Date of death <i>1909</i>		Month <i>3</i>		Day <i>4</i>		Years <i>70</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth- place <i>Va</i>		Age <i>70</i>	
Occupation <i>Housework</i>		Where Residing if not at place of death					
Married, Single <i>or Widowed</i>		Name of Wife or Husband <i>Matthew Hobson</i>					
Father's Name <i>J. W. Grandlandt</i>		Father's Birthplace <i>Va</i>					
Mother's Maiden Name <i>Annie</i>		Mother's Birthplace <i>Va</i>					
Names of person giving Information <i>Matthew Hobson</i>		How related to deceased <i>Husband</i>					

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary <i>Acute Bronchitis</i>	How long <i>3 days</i>
	Immediate <i>Cardiac Failure</i>	How long <i>15 minutes</i>
	Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>E. P. Simpson M.D.</i>
	Address <i>Rosecroft - Md.</i>	
Accident or Suicide <i>_____</i>		



Name
in
Full

CERTIFICATE OF DEATH

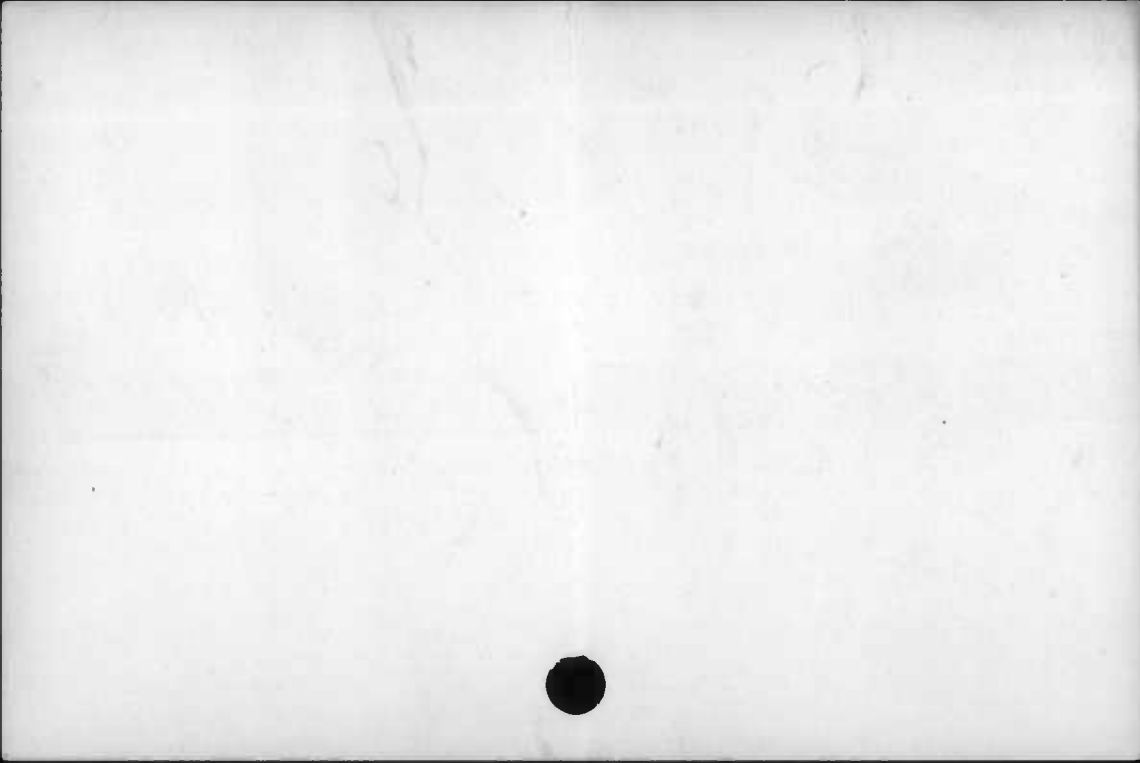
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Mitchellville</i> ^{Town}		<i>Prince George</i> ^{County}		MARYLAND	
Date of death	1909	Month	March	Day	9
Age	X	Years	X	Months	X
Sex	Female	Color or Race	black	Birth-place	Prince George Co. Md.
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Emory Johnson			Father's Birthplace	Maryland
Mother's Maiden Name	Unknown			Mother's Birthplace	
Name of person giving information	Emory Johnson			How related to deceased	Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Still born	How long	(S)
Immediate		How long	—
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	
		Address	Walter Ryan Mt. Airy, N.C.
Accident or Suicide?			Local Registrar



Name
in
Full

Lee

CERTIFICATE OF DEATH

Died at *Born near Marlboro* Town*Prince Georges* County

MARYLAND

Date
of death *1909*Month
*3*Day
13

Age

Years

Months

Days

Sex
*Male*Color or
Race*Colored*Birth-
place*md*

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name*Alfred Lee*Father's
Birthplace*md*Mother's
Maiden Name*Bettie Queen*Mother's
Birthplace*md*Name of person giving
In formation*Alfred Lee*How related
to deceased*Father*

CAUSES OF DEATH

Primary

Still Born

How long

Immediate

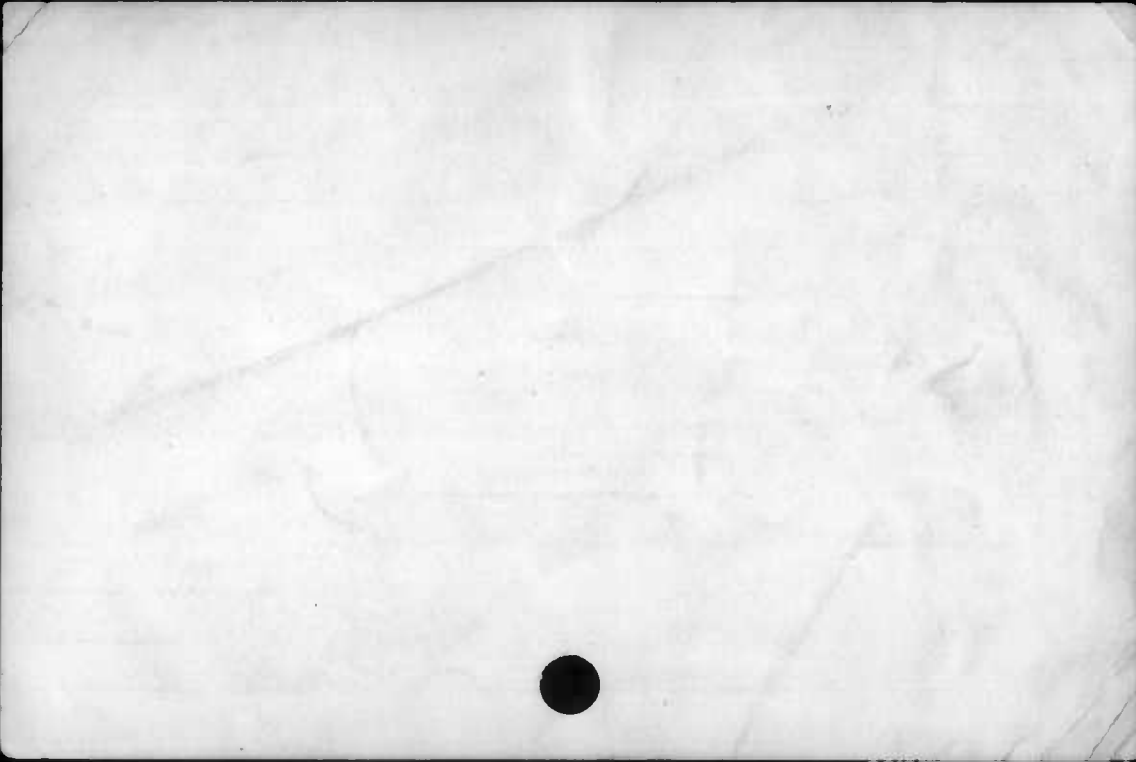
How long

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

Accident or Suicide?

Reverdy Saroces
Upper Marlboro
*md*TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

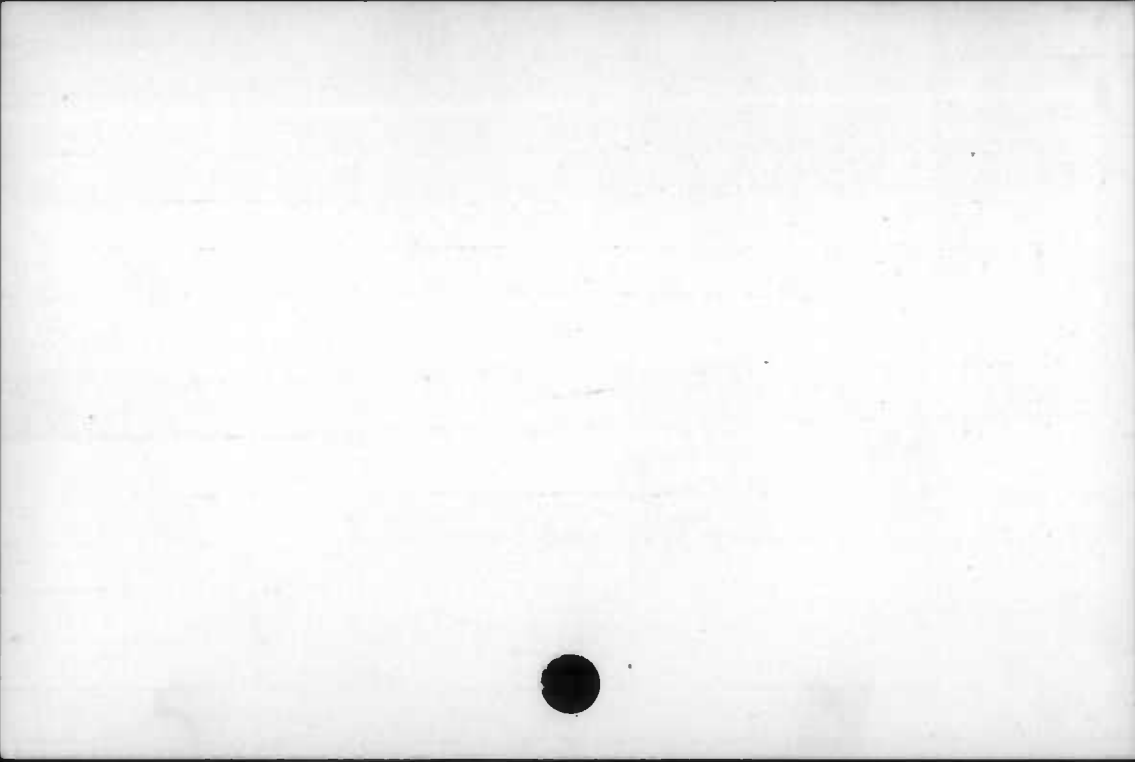
Died near <i>near 7. 78.</i>		County <i>Pr. Ges.</i>	
Date of death <i>1909</i>	Month <i>March</i>	Day <i>22</i>	Age <i>42</i>
Sex <i>Female</i>	Color or Race <i>Colored</i>	Birth-place <i>Chas. Co. Md.</i>	
Occupation <i>Housewife</i>	Where Residing if not at place of death		
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Dennis Edward Marshall</i>		
Father's Name <i>Edward Jackson</i>	Father's Birthplace <i>Chas. Co. Md.</i>		
Mother's Maiden Name <i>Elija Jackson</i>	Mother's Birthplace <i>Chas. Co. Md.</i>		
Name of person giving information <i>Dennis Marshall</i>	How related to deceased <i>Husband</i>		

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary <i>Pulmonary tuberculosis</i>	How long <i>Eight months</i>
Immediate <i>"</i>	How long <i>"</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>E. L. Smith, M.D.</i>
	Address <i>Pine St. Way, Md.</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

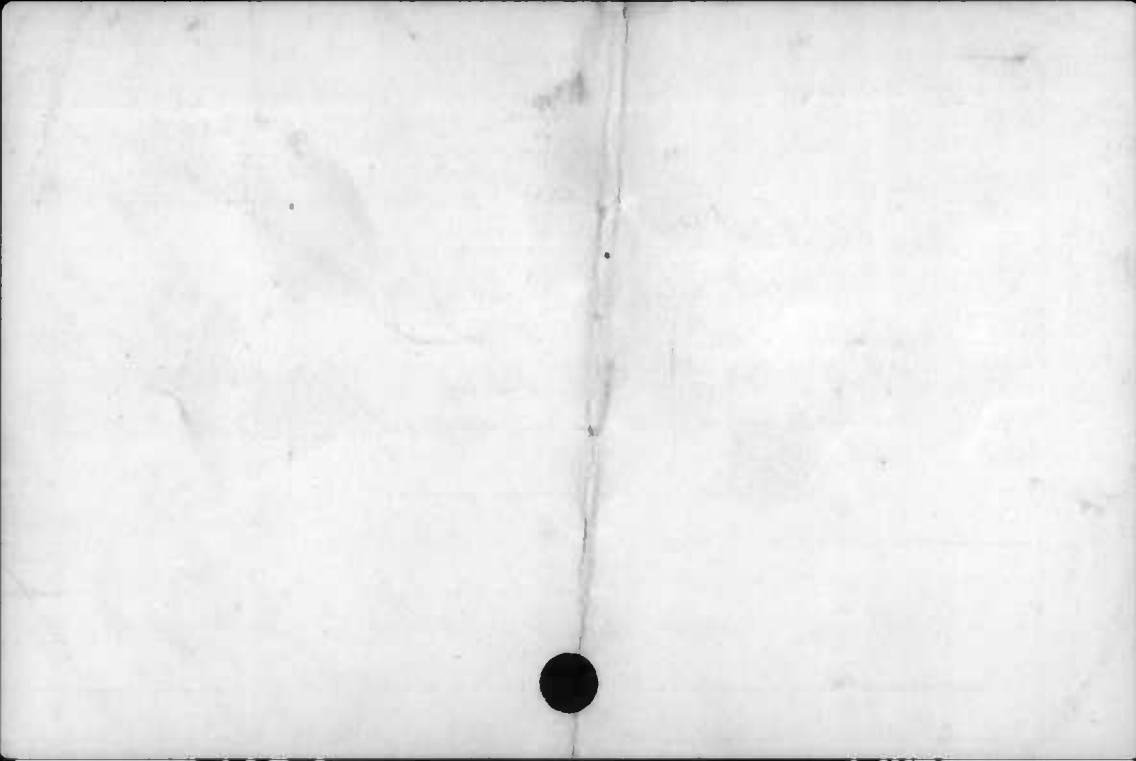
Name in Full <i>Mary Key Maynard</i>		Town <i>Lanham</i>		County <i>Ormie Georgia</i>		MARYLAND	
Died at <i>Lanham</i>		Month <i>9</i>		Day <i>4</i>		Years <i>20</i>	
Date of death <i>1909</i>		Months <i>—</i>		Days <i>—</i>			
Sex <i>female</i>		Color or Race <i>colored</i>		Birth-place <i>Maryland</i>			
Occupation <i>house duties</i>		Where Residing if not at place of death <i>—</i>					
Married, Single or Widowed <i>married</i>		Name of Wife or Husband <i>William T. Maynard</i>					
Father's Name <i>Norman Key</i>		Father's Birthplace <i>Maryland</i>					
Mother's Maiden Name <i>Jennie Phallen</i>		Mother's Birthplace <i>Maryland</i>					
Name of person giving information <i>Thomas P. Maynard</i>		How related to deceased <i>father in law</i>					

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary <i>Pulmonary Tuberculosis</i>	How long <i>1 1/2 yrs</i>
Immediate <i>asthenia</i>	How long <i>12 hrs</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J M Brady</i>
	Address <i>similar to the rec.</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

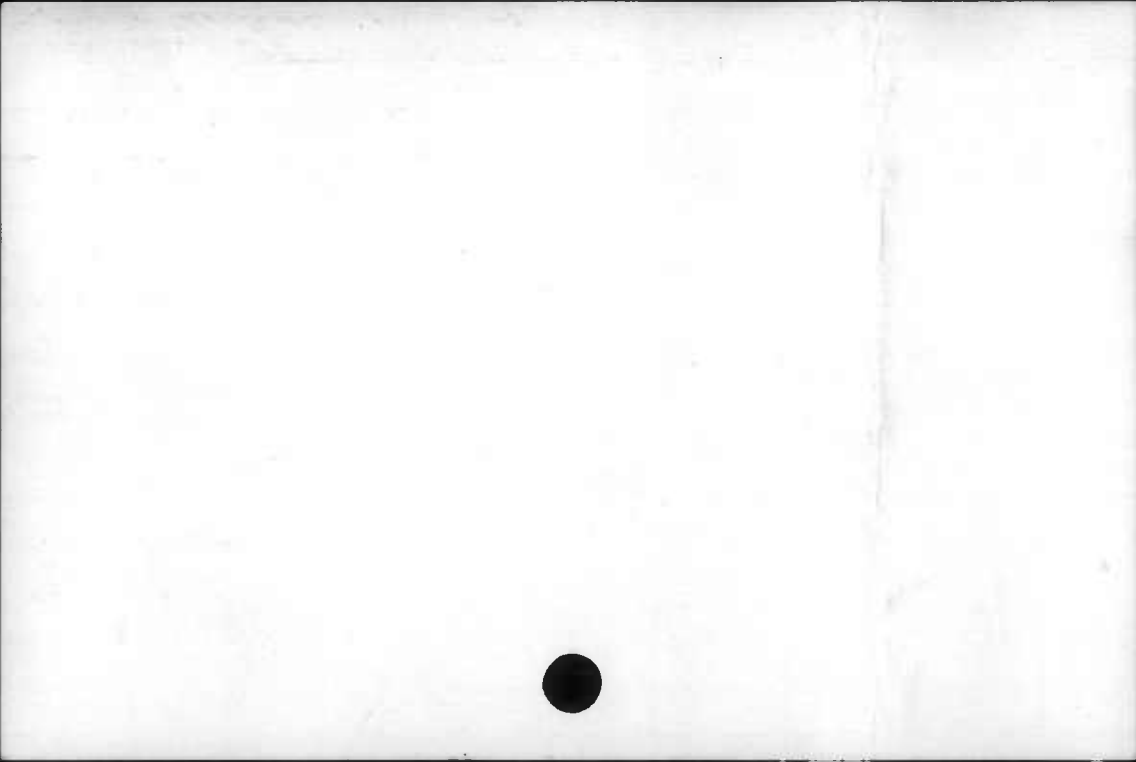
TO BE ANSWERED BY
NEAREST FRIEND

William T Moon
 Died at ^{Town} Lonsville ^{County} Prince George MARYLAND
 Date of death 1909 ^{Month} 3 ^{Day} 20 ^{Age} 68 ^{Years} ^{Month} ^{Days}
 Sex male ^{Color or Race} white ^{Birth-place} Md
 Occupation Blacksmith ^{Where Residing if not at place of death}
 Married, Single or Widowed Widowed ^{Name of Wife or Husband} Mary Moon
 Father's Name John M Moon ^{Father's Birthplace} Md
 Mother's Maiden Name Annie Allen ^{Mother's Birthplace} Md
 Name of person giving Information Scott Amstrong ^{How related to deceased} None

CAUSES OF DEATH

Primary Valvular heart disease ^{How long} 4 yrs
 Immediate Sudden ^{How long} 2 minutes
 Are the name, age, sex, color, date and place correctly given above? yes
 Signature of Physician John E. Sawney
 Address Lonsville Md
 Accident or Suicide neither

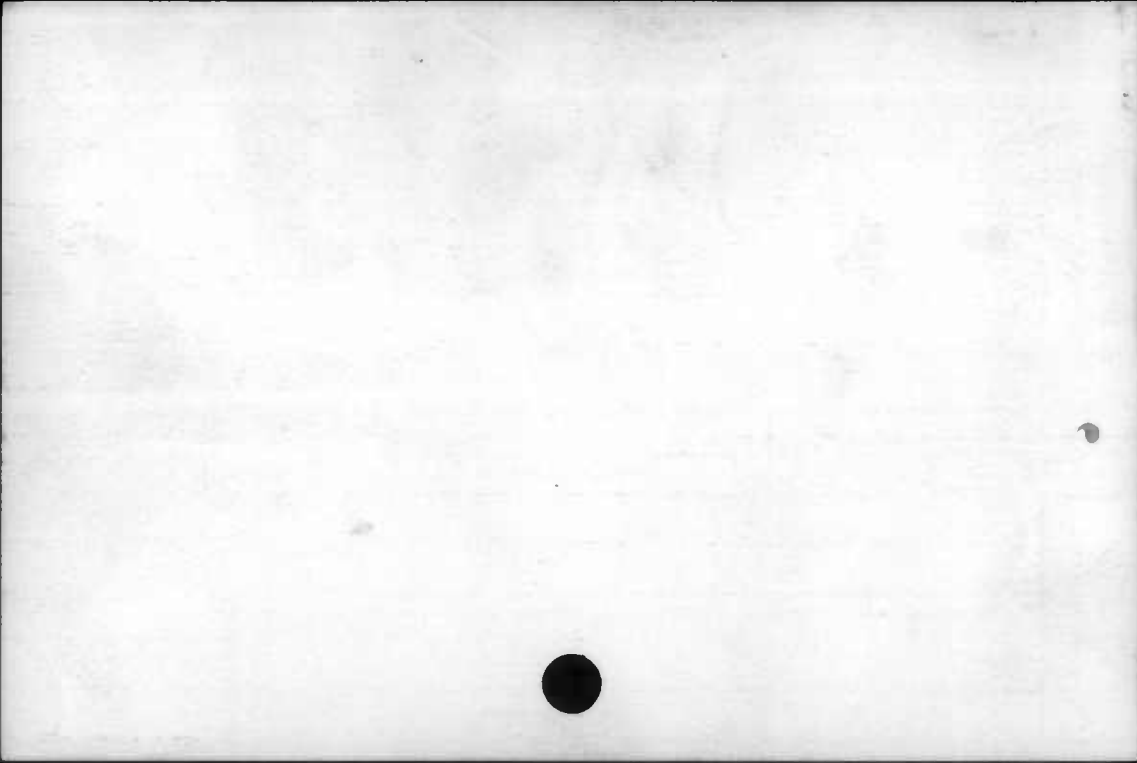
PHYSICIAN
OR CORONER



Name
in
FullTO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

6

Name in Full Joseph Rutter Owens-		TOWN Hyattsville		COUNTY Prince George		CERTIFICATE OF DEATH	
Died at Hyattsville		TOWN Hyattsville		COUNTY Prince George		MARYLAND	
Date of death 1909		Month March		Day 15		Age 70	
Sex Male		Color or Race White		Birth-place Bacto. Md		Months 	
Occupation Treas. Md. Ag. College		Where Residing if not at place of death 		Years 		Days 	
Married, Single or Widowed Married		Name of Wife or Husband Gertrude E. Owens		Father's Birthplace Georgetown D.C.		Mother's Birthplace Georgetown D.C.	
Father's Name Isaac B. Owens		Mother's Maiden Name Priscilla Owens		Name of person giving information George B. Lacey		How related to deceased Son in Law	
CAUSES OF DEATH		81		How long 2 yrs		How long 3 days	
Primary Arteriosclerosis		Immediate Hypostatic pneumonia		Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician G. W. Bahner	
Accident or Suicide? 		Address Hyattsville					



Name
in
Full

Sarah E Perrie

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

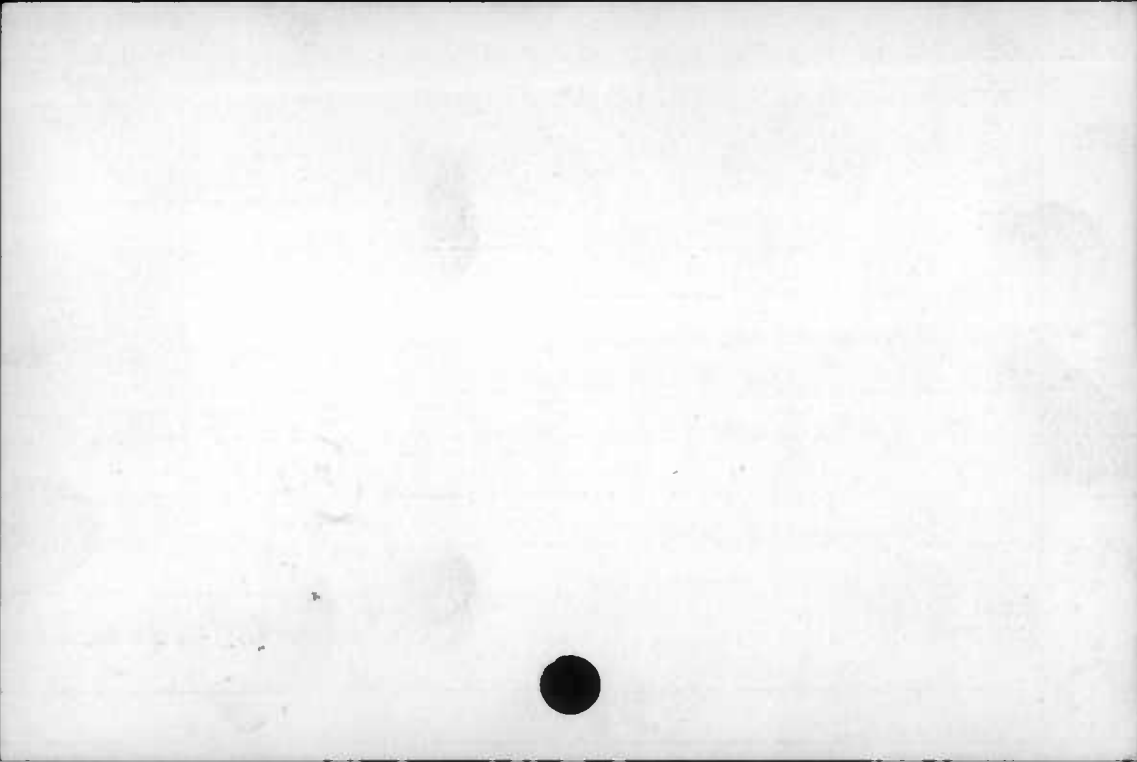
Died at <u>Baden</u> Town		<u>Pr Geo</u> County		MARYLAND	
Date of death <u>1909</u>	Month <u>mch</u>	Day <u>29</u>	Age	Months <u>7</u>	Days
Sex <u>Female</u>	Color or Race <u>White</u>		Birth-place <u>md</u>		
Occupation <u>None</u>		Where Residing if not at place of death			
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>None</u>				
Father's Name <u>Thomas W Perrie</u>	Father's Birthplace <u>md</u>				
Mother's Maiden Name <u>Sarah K. Winsor</u>	Mother's Birthplace <u>md</u>				
Name of person giving information <u>Thos W Perrie</u>	How related to deceased <u>Father</u>				

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary <u>Pneumonia</u>	How long <u>3 days</u>
Immediate <u>Asphyxia</u>	How long <u>few hours</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>W. F. Gibbons</u>
	Address <u>Croom md</u>
Accident or Suicide? <u></u>	



Name
in
Full

infant of George E. Proctor.

CERTIFICATE OF DEATH

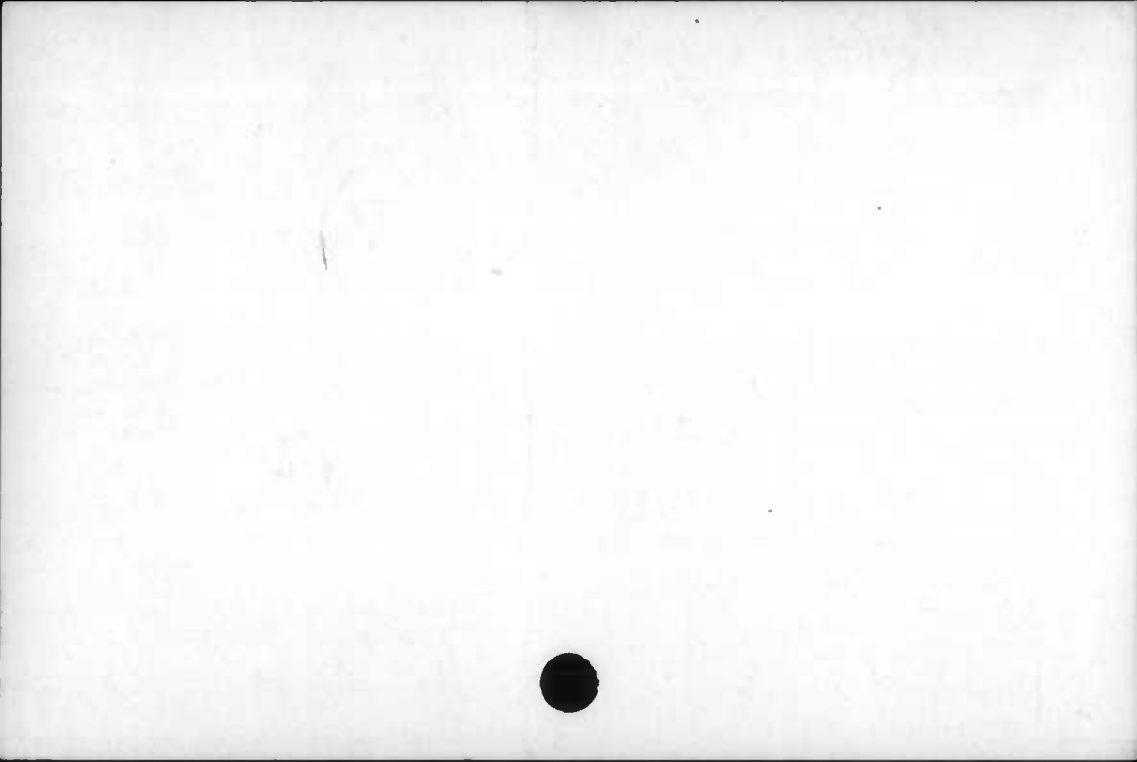
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>near Brandywine</i>		Town <i>Prince Georges</i>		County		MARYLAND	
Date of death <i>1909</i>	Month <i>3</i>	Day <i>1</i>	Age <i>born dead</i>	Years	Months	Days	
Sex <i>male</i>	Color or Race <i>Colored</i>		Birth-place <i>MD</i>				
Occupation			Where Residing if not at place of death				
Married, Single or Widowed			Name of Wife or Husband				
Father's Name <i>George E. Proctor</i>			Father's Birthplace <i>Pr. Geo. Co. MD</i>				
Mother's Maiden Name <i>Mary E. Proctor</i>			Mother's Birthplace <i>" " " "</i>				
Name of person giving information <i>George E. Proctor</i>			How related to deceased <i>father</i>				

CAUSES OF DEATH

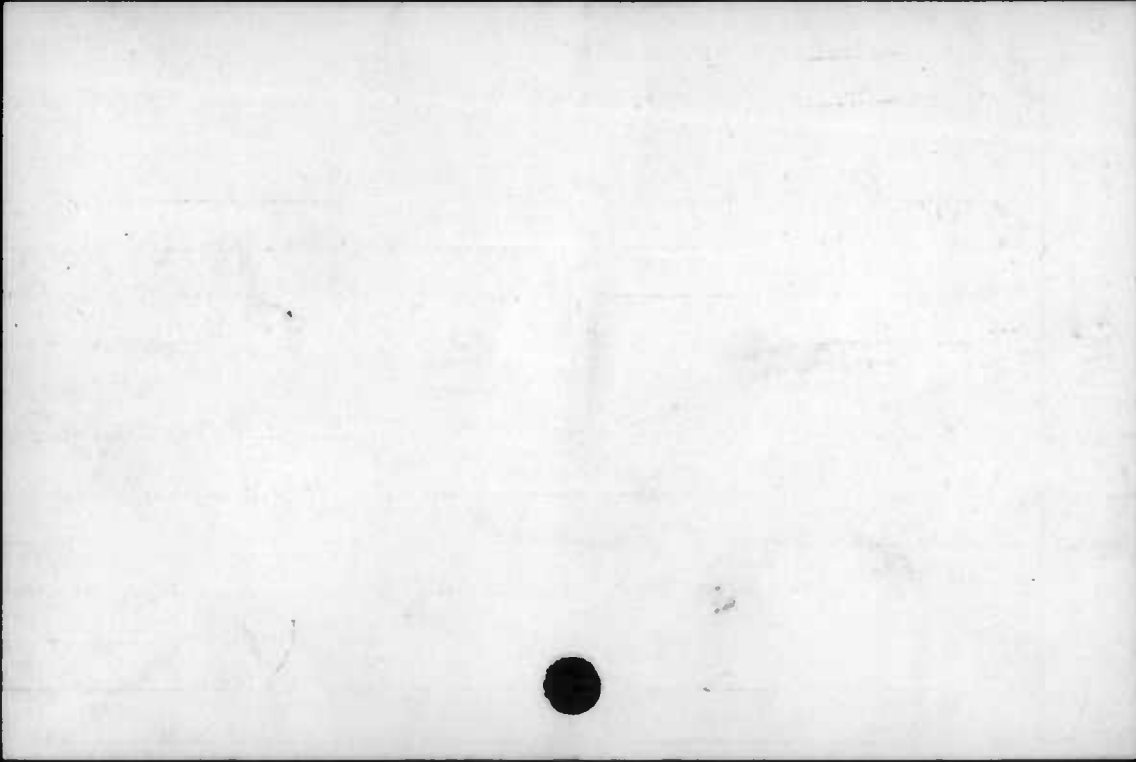
PHYSICIAN
OR CORONER

Primary	<i>born dead</i>	How long	
Immediate	<i>still born</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of <i>Acting Coroner</i> Physician <i>William H. Squires, J.P.</i>	
<i>Yes</i>		Address <i>Brandywine, MD</i>	
Accident or Suicide?			



Name in Full Walter M Rich		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at Town Laurel		County Pr. Geo Co.
	Date of death 1909		Month 3
	Day 29		Years 28
	Sex Male		Color or Race White
	Occupation Clerk		Birth-place Burtons ville
	Where Residing if not at place of death Laurel Md		
	Married, Single or Widowed Married		Name of Wife or Husband Henrietta Hawks Rich
Father's Name William Rich		Father's Birthplace Bucks Co., Pa.	
Mother's Maiden Name Belinda A. Ceroasdale		Mother's Birthplace Bucks Co., Pa.	
Name of person giving information S. J. Athey		How related to deceased Brother-in-law	
CAUSES OF DEATH			
PHYSICIAN OR CORONER	Primary Hepatic Abscess		How long 10 days.
	Immediate Peritonitis		How long 3 days
	Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician J. R. Hunt.
			Address Laurel Md
	Accident or Suicide?		

114



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Nameless Sanbury
 Died at Broad Creek Pr. Geo. County
 Date of death 1909 3 Month 21 Day Age — Years — Months — Days 1
 Sex Female Color or Race White Birthplace Md.
 Occupation — Where Residing if not at place of death —

Married, Single
or WidowedName of Wife or
HusbandFather's
NameFather's
BirthplaceMother's
Maiden NameMother's
BirthplaceName of person giving
InformationHow related
to deceased

CAUSES OF DEATH

Primary

Immediate

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

Accident or SuicidePHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

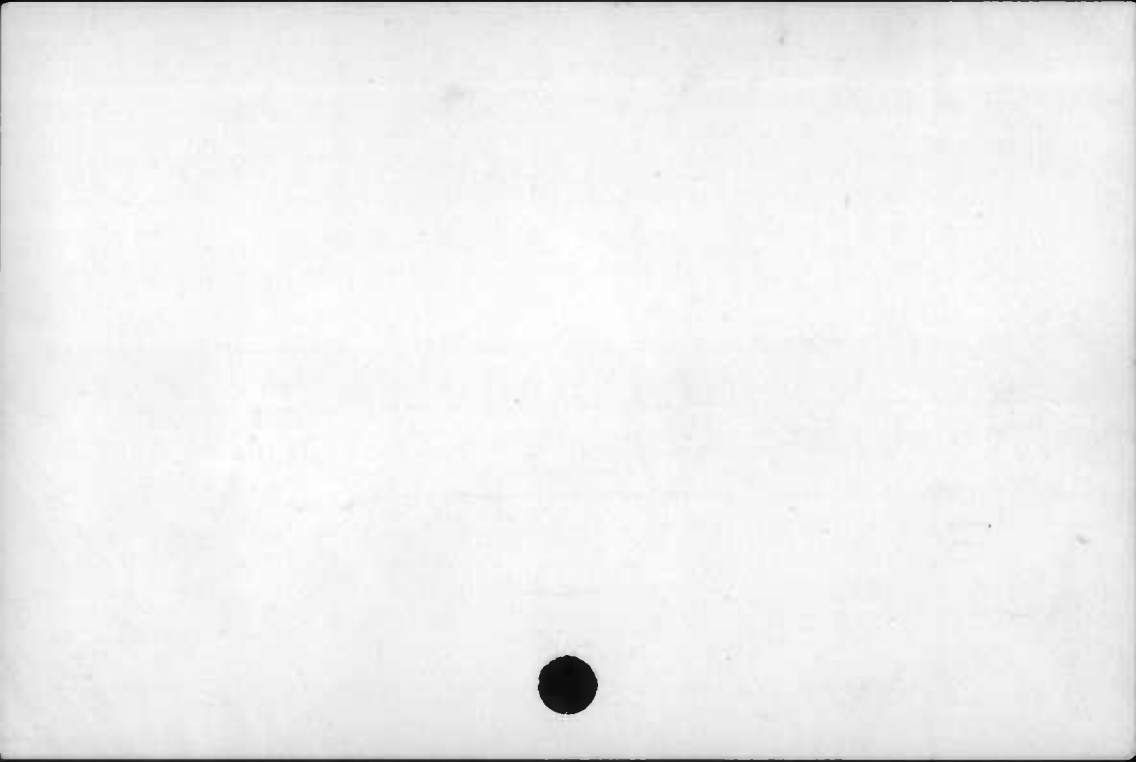
Name in Full <i>Rosalie Ghiselin Sasser</i>		Town <i>Up. Marlboro</i>		County <i>P. Geo</i>		MARYLAND	
Died at <i>Up. Marlboro</i>		Month <i>3</i>		Day <i>26</i>		Age <i>77</i>	
Date of death <i>1909</i>		Month <i>3</i>		Day <i>26</i>		Age <i>77</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Md</i>		Months	
Occupation <i>- - -</i>		Where Residing if not at place of death <i>-</i>		Days			
Married, Single or Widowed <i>Widowed</i>		Name of Wife or Husband <i>Frederick Sasser (Deceased)</i>					
Father's Name <i>Robert A Ghiselin</i>		Father's Birthplace <i>Md</i>					
Mother's Maiden Name <i>Mary E. Gansdale</i>		Mother's Birthplace <i>Md</i>					
Name of person giving information <i>Frederick Sasser</i>		How related to deceased <i>Son</i>					

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary <i>Cardiac Degeneration</i>		How long <i>40 years</i>	
Immediate <i>Syncope</i>		How long <i>- - -</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Reverdy Sasser</i>	
		Address <i>Up. Marlboro Md</i>	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

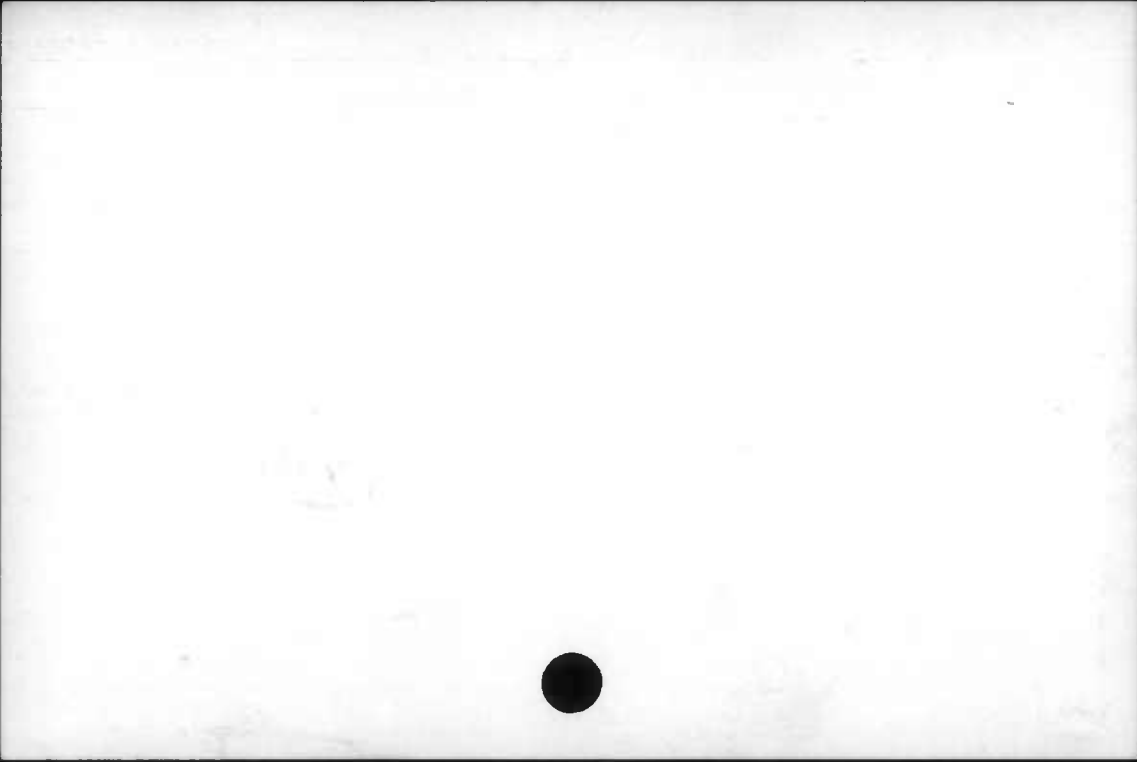
Name in Full <i>Margaret R. Skinner</i>		Town <i>Oxon Hill</i>		County <i>Pr. Geo.</i>		State MARYLAND	
Died at <i>Oxon Hill</i>		Month <i>3</i>		Day <i>12</i>		Years <i>1</i>	
Date of death <i>1909</i>		Month <i>3</i>		Day <i>12</i>		Years <i>1</i>	
Sex <i>Female</i>		Color or Race <i>Colored</i>		Birthplace <i>Md.</i>		Days <i>10</i>	
Occupation <i>—</i>				Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>Single</i>				Name of Wife or Husband <i>—</i>			
Father's Name <i>William Skinner</i>				Father's Birthplace <i>Md.</i>			
Mother's Maiden Name <i>Harriet Habb</i>				Mother's Birthplace <i>Md.</i>			
Name of person giving Information <i>William Skinner</i>				How related to deceased <i>Father</i>			

CAUSES OF DEATH

92

Primary <i>Catarrhal Pneumonia</i>	How long <i>1 week</i>
Immediate <i>Exhaustion</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>E. P. Simpson</i>
	Address <i>Rosecroft</i>
Accident or Suicide <i>—</i>	

PHYSICIAN
OR CORONER



Name
in
Full

George H. Smith.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

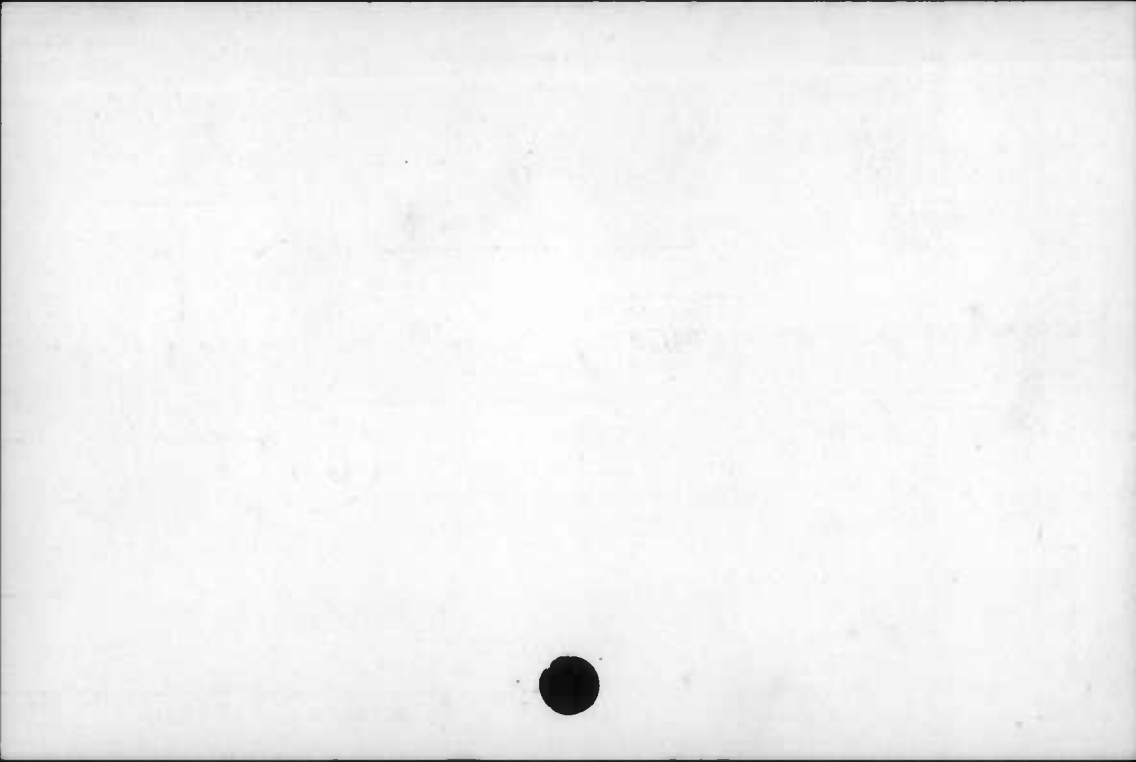
Died at		Town <i>Laurel</i>		County <i>Prince George</i>		MARYLAND	
Date of death	1909	Month <i>March</i>	Day <i>30</i>	Age <i>69</i>	Years	Months	Days
Sex <i>Male</i>	Color or Race <i>White</i>		Birth- place <i>Not known</i>				
Occupation <i>Clerk</i>		Where Residing if not at place of death <i>Washington, D.C.</i>					
Married, Single or Widowed <i>Widowed</i>		Name of Wife or Husband <i>Not known</i>					
Father's Name <i>Not known</i>				Father's Birthplace <i>Not known</i>			
Mother's Maiden Name <i>Not known</i>				Mother's Birthplace <i>Not known</i>			
Name of person giving In formation <i>H. F. Winn</i>				How related to deceased <i>Son in law</i>			

CAUSES OF DEATH

64

PHYSICIAN
OR CORONER

Primary	<i>Atherosclerosis of blood vessels</i>		How long	<i>Not known</i>
Immediate	<i>Apoplexy (2nd attack)</i>		How long	<i>48 hours.</i>
Are the name, age, sex, color, date and place correctly given above?		<i>Yes</i>	Signature of Physician <i>Cornelius DeWitt, M.D.</i>	
			Address <i>The Laurel Sanatorium, Laurel, Maryland</i>	
Accident or Suicide?		<i>Neither</i>		



Name
in
Full

Clara C. Snowden

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

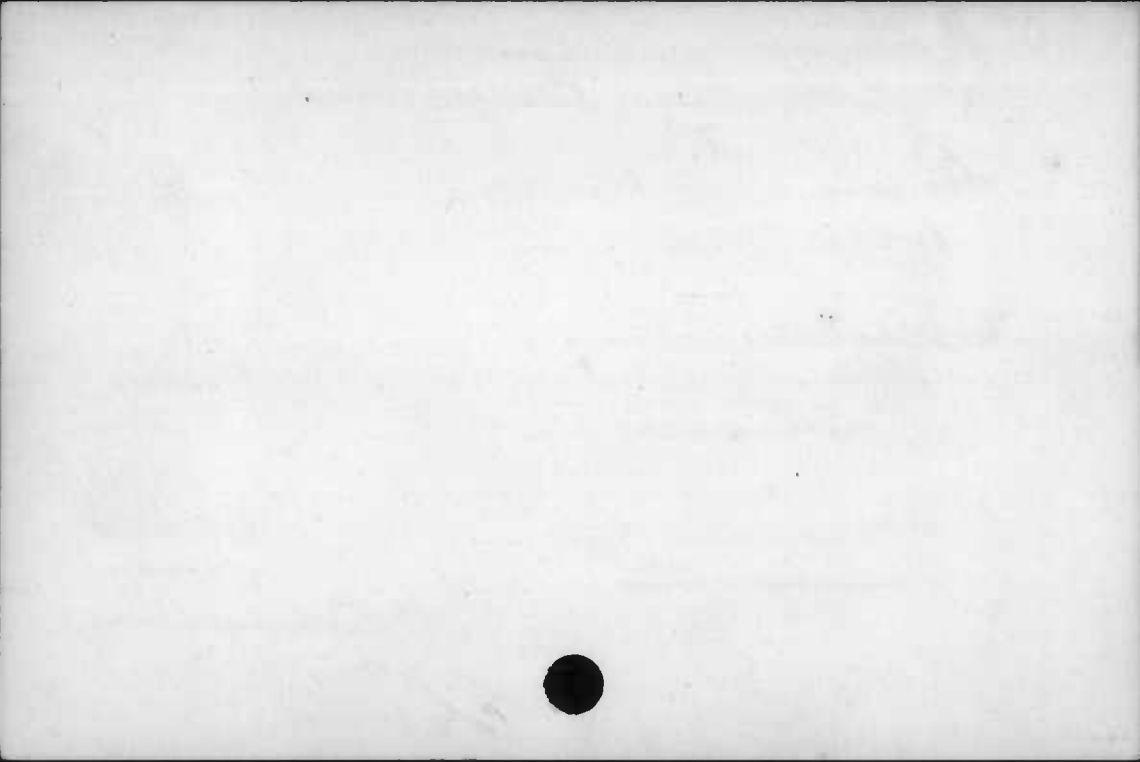
Died at <u>Glenndale</u> ^{Town}		<u>Prince George</u> ^{County}		MARYLAND	
Date of death <u>1909</u>	Month <u>March</u>	Day <u>14</u>	Age <u>—</u>	Months <u>4</u>	Days <u>7</u>
Sex <u>Girl</u>	Color or Race <u>Colored</u>		Birth-place <u>Near Glenndale</u>		
Occupation <u>Infant</u>			Where Residing if not at place of death <u>—</u>		
Married, Single or Widowed <u>—</u>		Name of Wife or Husband <u>—</u>			
Father's Name <u>Eugene Snowden</u>			Father's Birthplace <u>Glenndale</u>		
Mother's Maiden Name <u>Rhodes Herbert</u>			Mother's Birthplace <u>Washington</u>		
Name of person giving information <u>Eugene Snowden</u>			How related to deceased <u>Father</u>		

CAUSES OF DEATH

101

PHYSICIAN
OR CORONER

Primary <u>Sore Throat</u>	How long <u>8 days</u>
Immediate <u>—</u>	How long <u>—</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Robert C. Bulloff</u>
<u>—</u>	Address <u>Justice of the Peace</u>
<u>—</u>	<u>Glenndale Md</u>
Accident or Suicide? <u>—</u>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full Benjamin Stewart		Town Fordville		County Prince George		State MARYLAND	
Died at		Date of death 1909		Age 7		Months - Days -	
Sex Male		Color or Race Black		Birth-place md			
Occupation Schoolboy		Where Residing if not at place of death -					
Married, Single or Widowed Single		Name of Wife or Husband					
Father's Name Charles Stewart		Father's Birthplace md					
Mother's Maiden Name Mary Brown		Mother's Birthplace md.					
Name of person giving Information Thomas Brown		How related to deceased Uncle					

CAUSES OF DEATH

166

OR CORONER

Primary	Puncture of skull	How long	3 weeks
Immediate	Meningitis	How long	10 day
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician J. E. Samsbury	
		Address Fordville md	
Accident or Suicide Neither			

Boy crawled under house for eggs, and raised his
head and punctured his skull with rusty nail

Name
in
Full

Wm. A. Washington

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Marlboro.* Town *Dr Geo* County
Date of death *1909* Month *March* Day *15* Age *46* Months Days
Sex *Male* Color or Race *Black* Birth-place *Pa*
Occupation *Teacher* Where Residing if not at place of death *—*
Married, Single or Widowed *Single* Name of Wife or Husband *—*
Father's Name *unknown* Father's Birthplace *unknown*
Mother's Maiden Name *unknown* Mother's Birthplace *unknown*
Name of person giving Information How related to deceased

CAUSES OF DEATH

64

Primary

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide

Apoplexy

3 hrs
Dr Giffith
upper Marlboro
Md

9/10/16

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

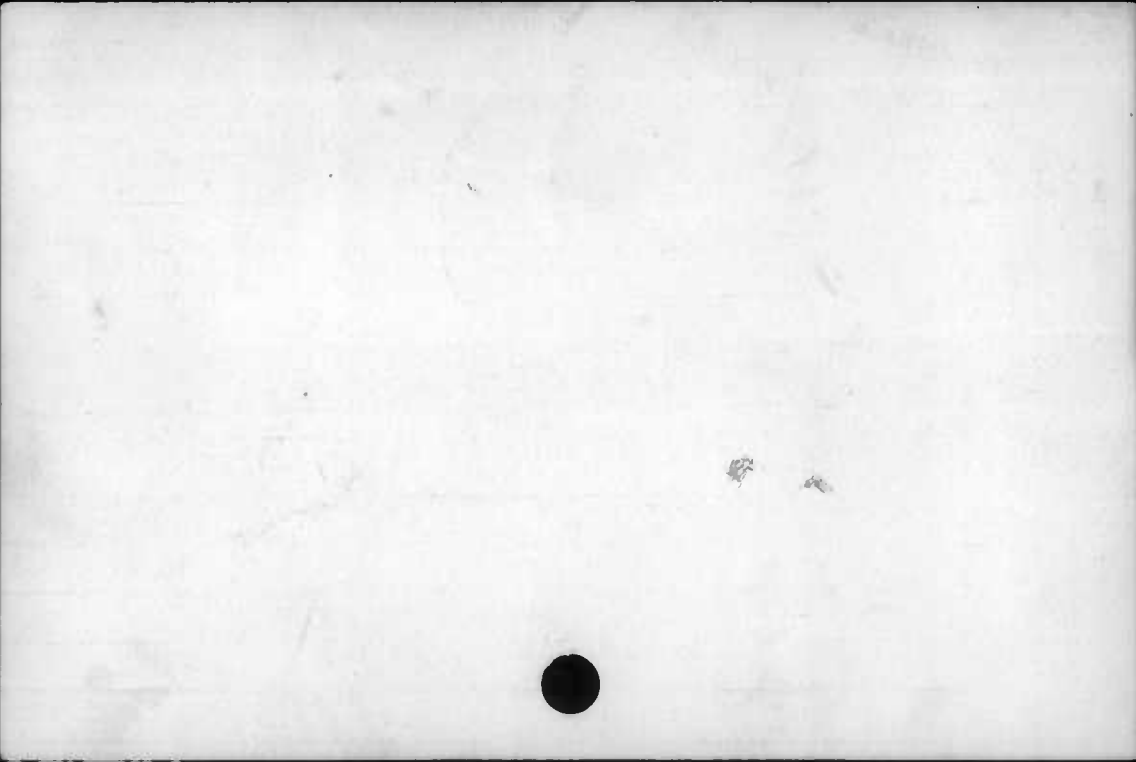
Name in Full <i>Aloysius White</i>		Town <i>Hyattsville</i>		County <i>Prince Geo</i>		MARYLAND	
Died at <i>Hyattsville</i>		Month <i>Mar</i>		Day <i>13</i>		Age <i>—</i>	
Date of death <i>1909</i>		Months <i>—</i>		Years <i>—</i>		Months <i>4</i> Days <i>—</i>	
Sex <i>Male</i>		Color or Race <i>Colored</i>		Birth-place <i>Hyattsville Md</i>			
Occupation <i>—</i>				Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>David White</i>		Father's Birthplace <i>Va</i>					
Mother's Maiden Name <i>Clementine Tolson</i>		Mother's Birthplace <i>Md</i>					
Name of person giving information <i>David White</i>		How related to deceased <i>Father</i>					

CAUSES OF DEATH

176

PHYSICIAN
OR CORONER

Primary <i>Supernaturation of Skull</i>	How long <i>From birth</i>
<i>Causing a difficult delivery.</i>	How long <i>From time of birth</i>
Immediate <i>Paralysis progressed from time of birth</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Chas B. Binkley</i>
	Address <i>Hyattsville Md</i>
<i>no</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

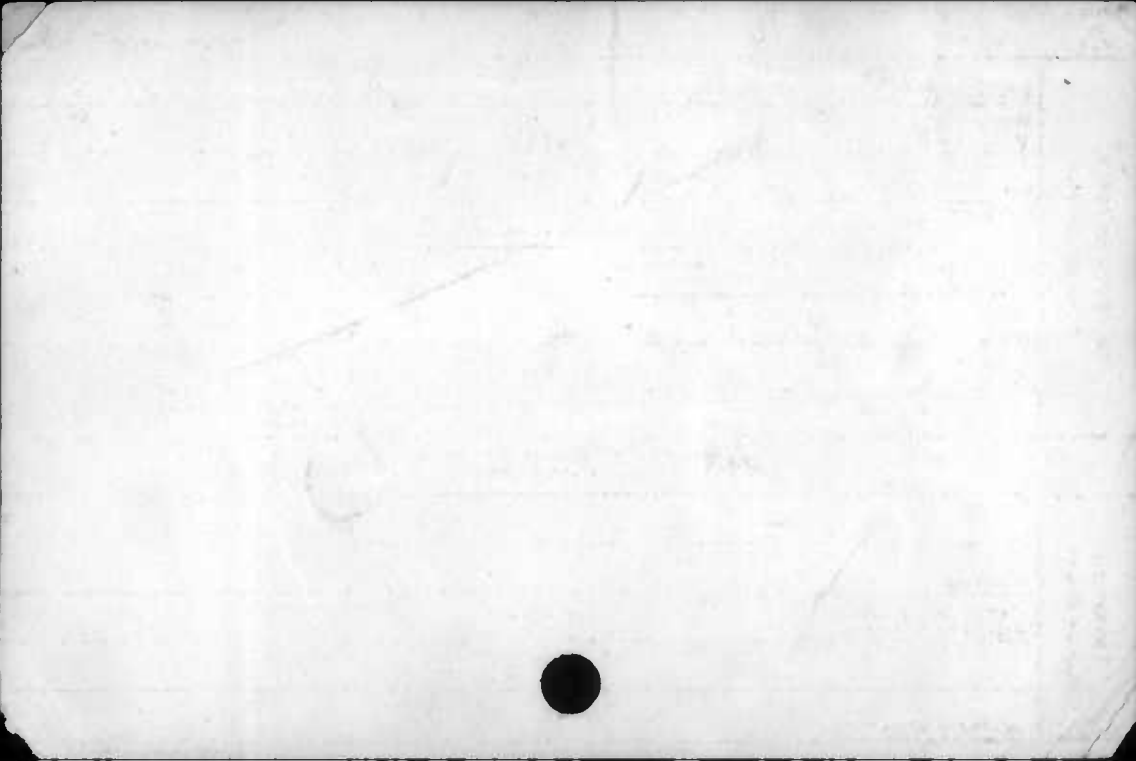
Died at <i>Rozess Wilson</i>		Town <i>Upper Marlboro</i>		County <i>P. Prince</i>		STATE OF <i>MARYLAND</i>	
Date of death	1909	Month	3	Day	2	Age	Years 1 Months 8 Days
Sex	<i>Male</i>		Color or Race	<i>Colored</i>		Birth-place	<i>Ind</i>
Occupation	<i>—</i>			Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed	<i>Single</i>		Name of Wife or Husband <i>—</i>				
Father's Name	<i>William Wilson</i>					Father's Birthplace	<i>Ind</i>
Mother's Maiden Name	<i>Margaret Gizzie Wood</i>					Mother's Birthplace	<i>Ind</i>
Name of person giving information	<i>William Wilson</i>					How related to deceased	<i>Father</i>

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary	<i>Pneumonia</i>	How long	<i>4 days</i>
Immediate	<i>Syncope</i>	How long	
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Reverdy Sasser</i>		
	Address <i>Upper Marlboro Ind</i>		
Accident or Suicide?			



Name in Full <i>Wm J. Work.</i>		Town <i>Ind. Park.</i>		County <i>P.O. Co.</i>		MARYLAND	
Died at <i>Ind. Park.</i>		Month <i>March</i>		Day <i>29</i>		Years <i>52 yr</i>	
Date of death <i>1909</i>		Month <i>March</i>		Day <i>29</i>		Age <i>52 yr</i>	
Sex <i>male</i>		Color or Race <i>white</i>		Birth-place <i>Penn.</i>			
Occupation <i>Plumber</i>		Where Residing if not at place of death <i>-</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Josephine Work.</i>					
Father's Name <i>John W. Work.</i>		Father's Birthplace <i>Unknown</i>					
Mother's Maiden Name <i>Unknown</i>		Mother's Birthplace <i>Unknown</i>					
Name of person giving Information <i>Frank Work.</i>		How related to deceased <i>Son.</i>					
<div style="border: 1px solid black; padding: 5px; text-align: center;">CAUSES OF DEATH</div>							
Primary <i>Paralysis</i>		How long <i>5 yrs.</i>					
Immediate <i>Apoplexy</i>		How long <i>6 hrs.</i>					
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>		Signature of Physician <i>John S. Samsbury</i>		Address <i>Forestville</i>			
Accident or Suicide <i>Neither.</i>							

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

OR CORONER

66

G. H. Costello

Mt Oliver

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Still Born Zimmerman

Town *East Hyattsville* County *Prince George* MARYLAND

Died at *East Hyattsville*

Date of death *1907* Month *March* Day *30* Age *—* Years *—* Months *—* Days *—*

Sex *male* Color or Race *white* Birth-place *East Hyattsville Md.*

Occupation *—* Where Residing If not at place of death *at place of death*

~~M~~arried, Single or ~~W~~idowed *—* Name of Wife or Husband *—*

Father's Name *Edward Zimmerman* Father's Birthplace *Prach S.C.*

Mother's Maiden Name *Barbara Maier* Mother's Birthplace *Germany*

Name of person giving information *John U Maier* How related to deceased *grand father*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *still birth* How long *—*

Immediate *—* How long *—*

Are the name, age, sex, color, date and place correctly given above? *—*

Signature of Physician *Arthur, Orr (Coroner)*

Address *Hyattsville Md*

Accident or Suicide? *—*

